Reviewer's report

Title: Successful treatment of Rhodesian trypanosomiasis in a Polish tourist returning from Uganda and Rwanda: a case report.

Version: 2 Date: 25 September 2013

Reviewer: Florian Steiner

Reviewer's report:

This is an interesting case of severe T.b. rhodisiense-trypanosomiasis ex-Uganda treated successfully with pentamidine. The discussion is lengthy; I recommend improving the structure and shortening significantly. After responding to reviewers comments publication is likely to be recommended.

DISCRETIONARY REVISIONS:

None

MINOR ESSENTIAL REVISIONS:

1) SUMMARY; CASE PRESENTATION: line 7: veinpuncture --> venipuncture. Same in Case presentation 5th paragraph, line 7

2) SUMMARY; CASE PRESENTATION: line 11: leucopoenia --> leucopenia (since spelling like thrombocytopenia a.o. are used in the rest of the text), same under Case presentation: 6th paragraph, line 1

3) SUMMARY; CONCLUSION; line 1: “African sleeping sickness”; change to “Sleeping Sickness”. Tautology: There is “African Trypanosomiasis” and “American Trypanosomiasis”. But there is no “American Sleeping sickness”, so “African” should be deleted. Same in DISCUSSION 1st and 2nd paragraph line 1, resp. line 3 and in CONCLUSIONS: 2.) (line 3)

4) CASE PRESENTATION; 3rd paragraph: “Six days after a full day spent… painless skin lesion”: in the (promed -) reference #5 it is “four days” after a day spent; and July 14 vs. July 16th --> please check

5) CASE PRESENTATION; 4th paragraph: please give GCS, blood pressure, respiratory rate and urine output

6) CASE PRESENTATION; 8th paragraph: please give information of the number of transfusions of blood, plasma and platelets, anti-thrombin III and albumin.

7) CASE PRESENTATION, 9th paragraph, line 9 “4rd” --> “4th”

8) DIAGNOSTIC DIFFERENTIATION OF TRYpanosoma BRUCEI COMPLEX, 2nd paragraph, line 2: please give company/country concerning CATT, IFAT and
ETAT.

9) DISCUSSION 5th paragraph: give references to Glossina spp- distribution if you decide to not to shorten here, too.

10) DISCUSSION 8th paragraph: please give references to prognosis

11) DISCUSSION 10th paragraph: line 4 “rhodesience” --> “rhodesiense”

12) DISCUSSION 15th paragraph: Please give IgM (mg/l) of the patient, only the normal range is given in the text

13) DISCUSSION, penultimate paragraph,; “Suramin (…) the blood stage parasites disappeared in less than 48 hours in all recently imported cases. This was equally observed in this patient treated with pentamidine.” --> in CASE PRESENTATION, 9th paragraph line 1 72 hours are given until clearance.

14) DISCUSSION, last paragraph: “A 2-fold reduction in serum antibody titer may be interpreted as a sign of definitive parasite elimination. It may however take up to 3 months, sometimes longer, before this actually happens.” Please give references.

15) LIST OF FIGURES AND TABLES: 5 Figures in the list, 6 Figures labeled I recommend shortening title of figures (not necessary to repeat every time that it is from a Polish tourist ex Uganda)

16) TABLE 1: Bilirubin (total, mg/l) --> mg/dl

17) TABLE 1: Fibrinogen (mg/l) --> mg/dl

18) TABLE 1: Creatinine (mg/l) --> mg/dl

19) Figure 5 (6): The pentamidine arrow treatment starts before first trypomastigote count is given. Also better give smaller arrows to show that every second day pentamidine is giving and not constantly.

MAJOR COMPULSORY REVISIONS

20) The discussion is lengthy for a case report and it is a bit hard to see the structure in the overall 17 paragraphs of the discussion. Some parts are better to put into the introduction or to be left out completely. Concerning the structure: E.g. paragraph I and II talk about tryps in travelers followed by paragraph III and IV talking about Trypanosomiasis in Uganda followed by Paragraph V which talks about HAT in European travelers and the vectors of T.b. in Uganda. I recommend shortening the discussion, consider to leave out the parts e.g. about genetic markers which might predict virulence or human serum resistance-associates gene, but which have not been analysed in this case report.

21) Pentamidine was given in T.b. rhodesiense against recommendation
because of lack of availability of suramin. I recommend giving more information about known treatment efficacies “pentamidine vs. suramine” in stage 1 T.b.r.-tryps if available.

22) It should also be discussed why after treatment had been started on day 0 with pentamidine no efforts were taken to get access to suramin within Europe (e.g. Poznań-Würzburg 6 hours car drive). In the presented case treatment was effective, but the case report should not promote treating severe cases of T.b.r. against recommendation.

23) In CONCLUSION: three points are given 1) prevent tsetse bites 2) think of sleeping sickness 3) treatment by experts. I advise to include the issue of pentamidine and suramin in the conclusions, like “in case of unavailability of suramin, treatment with pentamidine should be considered until access to suramin has been achieved.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests