Reviewer's report

Title: Necrotizing fasciitis caused by Haemophilus influenzae type b in a patient with rectal cancer treated with bevacizumab: a case report

Version: 2 Date: 24 March 2014

Reviewer: David Lung

Reviewer's report:

Major Compulsory Revisions

1. Necrotizing fasciitis is an operative diagnosis, although I cannot say it’s wrong to arrive to a diagnosis of NF with histopathology result, it’s rather odd to say so. With operative finding of a positive finger test, dish-water pus and lack of shininess of the fascia would be sufficient to make a diagnosis of NF. (a frozen section would be unnecessary)

2. The main problem of this article is the author is unable to link up the drug, the disease and the organism into one story. I agree Hib NF is a rare occurrence and happening in a patient receiving bevacizumab is considered to be unique. However in the discussion, the author suggests several points which makes me re-think: “is it really related to bevacizumab?”

A. Immunocompromised and diabetic patients are at a higher risk of developing necrotizing fasciitis

B. Although Bevacizumab suppresses the immune system, chemotherapy administered concurrently with bevacizumab is more likely to be responsible for immune suppression.

C. Therefore the combined treatment modality is likely to place patients at an increased risk of developing necrotizing fasciitis.

So is it really related to the monoclonal Ab, or it’s a combination of factors? If so, then you will have to change the title and conclusion.

Minor Essential Revisions

You have mentioned the mechanism of Bevacizumab which is inhibiting angiogenesis, but you have not gone further to discussion the relationship with NF. As you have mentioned in the discussion, the role of Bevacizumab causing immunosuppression is probably not the main factor to predispose to NF, so there must be something else to link the drug and the infection. The main difference between NF and other types of SSTI is the septic thrombosis of vessels. So probably there’s something to do with the drug inhibiting angiogenesis?

Discretionary Revisions

- Please comply with the typography of this journal.

- Please make sure the fonts style are uniform. (there seems to be different fonts in the text and reference list, e.g. page 3, Case presentation line 15, “for the
Level of interest: An article whose findings are important to those with closely related research interests

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