Reviewer's report

Title: Typhoid fever as a cause of opportunistic infection: case report

Version: 2 Date: 31 August 2005

Reviewer: Jaap Tamino T van Dissel

Reviewer's report:

General

The case history describes a patient with typhoid fever who presented with oropharyngeal candidiasis as well. The typhoid fever apparently was imported from Sri-Lanka. No explanation for the oral candidiasis was found other than the CD4-lymphopenia that in this case accompanied the typhoid fever.

In patients with typhoid, lymphopenia is a common finding (e.g., Abdool Gaffar MS, et al. The white cell count in typhoid fever. Trop Geogr Med. 1992). In some rare cases, including the present one, local candidiasis accompanies the typhoid (e.g., Gupta et al. Transient recurrent laryngeal nerve palsy with moniliasis of the larynx in typhoid fever. J Indian Med Assoc 1982, Ponnampalam et al. Bacterial enteritis of infancy and childhood. J Trop Med Hyg. 1965). Therefore, the very rare association of typhoid and manifest oral candidiasis (or manifestations of other opportunistic pathogens), in spite of the common presence of lymphopenia in typhoid and high incidence of typhoid in many countries, rather suggest that the lymphopenia in fact usually does not result in clinically relevant and manifest immunosuppression.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

At present, the case history lacks some essential data:
- it should include a timeline with respect to the recent travel history and start of symptoms of typhoid and candidiasis.
- it should state specifically whether or not the patient had been using proton pump inhibitors of stomach acid tablets, and whether or not he had been taking oral glycocorticosteroids or inhalation corticosteroids, that would have increased his chance of acquiring both typhoid and candidiasis. Also, did the patient take any antibiotics like chloramphenicol during his stay in Sri Lanka?
- Did the authors culture the oral Candidiasis, or made a diagnosis on physical appearance only?
- The blood smear differential should include the absolute number of lymphocytes, as well as CD4 and CD8 positive cells.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests