Reviewer's report

Title: Neuropathic pain and use of PainDETECT in patients with fibromyalgia

Version: 1 Date: 21 November 2012

Reviewer: Marina de Tommaso

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The manuscript is of potential interest, but the argument is very difficult and the study did not satisfy the below reported points (some of them of major relevance).

Please specify if scholar age was an inclusion criteria.

How authors diagnosed “severe psychiatric disorders”? Were major depression, anxiety and somatoform disorders admitted?

Did you discard patients reporting diabetes and other metabolic diseases potentially correlated to systemic neuropathy? Do you admit patients over 70 or more?

It is surprising that 34% of FM patients was diagnosed as neuropathic. It is a very high number, so we can suppose that 1) FM syndrome was a complication of neuropathic pain, due to psychiatric comorbidity (which was anyway a priori excluded ) 2) it was an occasional association (e.g. patients with carpal tunnel syndromes) 3) diagnosis of FM was incorrect. Moreover, the only type of neuropathic pain compatible with FM diagnosis, is that associated with painful diffuse neuropathy. Which kind of neuropathic pain was diagnosed in the 34% of FM patients?

Authors commented about the inadequacy of questionnaires in detecting neuropathic pain in FM patients. Anyway, is the neurological examination and other tests based on subjective sensations as QST, useful in this kind of patients? And more: what is the etiological hypothesis of neuropathic pain in these patients? A small fibers neuropathy?

In the conclusion, authors state: This study highlights the importance of thorough clinical examination when a FM patient emerges with new symptoms… However, patients did not emerge with new symptoms, they were simply selected among patients who received a diagnosis of fibromyalgia. Pain detect was not useful in that patients, so why the authors recommend it?