Reviewer's report

Title: Bilateral pleural effusion and interstitial lung disease as unusual manifestations of Kikuchi-Fujimoto disease: case report and review of the literature

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Reviewer: Kyung-Yil Lee

Reviewer's report:

The paper 'Bilateral pleural effusion and interstitial lung disease as unusual manifestations of Kikuchi-Fujimoto disease: a case report and literature review' was reviewed.

The authors described a patient who had clinical and chest CT characteristics of Kikuchi-Fujimoto disease (KFD) with interstitial pneumonia, and the effectiveness of prednisolone treatment on this case. The content of this case report (lung involvement in KFD) is not a new observation as they indicated in Discussion, and there were no new idea or opinion for pathogenesis of lung involvement in KFD or advanced findings in diagnosis including lung pathology. This is a critical limitation for publication in present article.

English form of the manuscript was not reviewed.

Comments

Title

It would be better to be shortened.

Abstract:

L5; Systemic Lupus Erythematosus # systemic lupus erythematosus (SLE), there are same errors throughout the manuscript using capital letter, such as Histiocytic Necrotizing Lymphadenitis, Human Immunodeficiency Virus, etc.

L12, Some days after # defined the date, such as a week after.

Background

Histiocytic Necrotizing Lymphadenitis, # histiocytic necrotizing lymphadenitis, Systemic Lupus Erythematosus # systemic lupus erythematosus (SLE),

Case presentation.

LL2, haemoglobin 12 gr/dl # g/dl, 3,400/mm3# 3400/mm3 (neutrophil, lymphocyte, and monocyte differentials)

It would be better express the normal ranges of AST, ALT, alkaline phosphatase, GGT, TSH and T4 using parenthesis. Despite KFD may be an immune mediated disease, authors did not describe basic immunologic studies including lymphocyte subsets, levels of immunoglobulins and compliments, and FANA.
Correct capital letter use in virus names.

L14, with absence of breath sounds # with decreased breath sounds

In lymph node (LN) biopsy, how many LNs are removed and what was the size of LNs? and did contain LN which showed tenderness? After LN excision, how did the patient’s condition change, such as fever-down and relapsed fever before prednisolone treatment?

Conclusions

It seems to be rather long and there are no characteristic opinions of authors’ own. Authors should describe the limitations of this study, including lack of lung pathologic findings. It would be better that authors focus to discuss the pathogenesis of KFD with lung involvement by immune cells (T-cells) and steroid treatment. In my opinion, if KFD is a primary disease of LN(s), it is postulated that the clinical manifestations of KFD including prolonged fever, weight loss, and other extranodal manifestations including interstitial pneumonitis as this cases are resulted from the inflammatory mediators in the affected LNs. Certain mediators which may be affinity to lung tissues may induce an inflammatory immune reaction by host immune cells, provoking pneumonitis. And these immune cells may be sensitive to immune-modulators (corticosteroids).

In addition, rationale of prednisolone treatment on KDF in this cases (2-month duration) should be described.

References:

Need corrections for structural format of the Journal

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.