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

Version: 4 Date: 21 August 2010

Reviewer: Kyung-Yil Lee

Reviewer’s report:

I have reviewed the revised manuscript in favor of publication, and it looks improved. But the English needs to improve substantially which will probably require a medical doctor of native speaker. It is very hard to read in some sentences.

It is a pity that authors did not improve the contents for pathogenesis of the disease.

Special comments

Abstract

1. It would be better to rewrite this sentence: While initially described in young asian women, it clearly also occurs in men and worldwide.

2. It is needed to recheck the Key wards.

Introduction:

1. Occasionally it may coexist with autoimmune diseases, may be associated with

2. Pleases correct the position of comma in cite numbers of references throughout the manuscript

Case report

1. leukocyte count 3400/mm3… platelet count 246000/mm3 -->#/mm3 or 3.4/µL, 246/µL

2. erythrocyte sedimentation rate 63 mm/h: add NR

3. It could be omitted NR in parentheses, except first appearance, and add the unit, i.e., erythrocyte sedimentation rate 63 mm/h (normal range, 0-20 mm/h), ALT 176 IU/L (0-40 IU/L), aspartate aminotransferase 89 IU/L (0-40 IU/L), thyroxine (T4) 0.25 µg/dl -- > 0.25

4. On admission, chest X-ray and computed tomography of the neck, thorax and abdomen only revealed lymphadenopathy affecting bilateral cervical and one mediastinal lymph nodes, with both lung fields clear (Figure 1). -->#

On admission, chest X-ray was clear in both lung fields and computed tomography for the neck, thorax and abdomen only revealed enlarged lymph
nodes affecting bilateral cervical and mediastinal lesions (Figure 1).

5. Thoracentesis was performed with the following results in pleural fluid: pH 7.39 (NR:6.8-7.6), glucose 102 mg/dl (NR:60-100), proteins 3.2 g/dl (NR:0-3), LDH 1694 U/l (NR:0-200), 50 leukocytes/mm3 (NR:0-300); # Omit NR and add unit and correct unit of LDH and mm3

Discussion

1. Although KFD, as a systemic disorder, could theoretically be associated with interstitial lung disease20, pulmonary involvement has only been described previously in patients who developed SLE4, in a patient for whom KFD was associated with polymyositis and intensive immunosuppressive treatment21, in another patient who died of pulmonary haemorrhage for whom KFD was the only etiological factor objectived upon postmortem examination3, in three patients who developed the disease after transplantation and died of respiratory failure probably because of a reason other than KFD in author´s opinion3, and recently one case of KFD associated with cryptogenic organizing pneumonia has been reported22: # It is a too long sentence and each content is not clear, authors should rewrite with divided sentences.

References:
Authors should recheck for structural format of the Journal

Figures
There were no figure legends in this manuscript.

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.