Reviewer’s report

Title: Sarcoidosis with involvement of the paranasal sinuses - a retrospective analysis of 12 biopsy-proven cases

Version: 2 Date: 13 January 2013

Reviewer: Daniel A Culver

Reviewer’s report:

Major compulsory revisions:

1. The biggest problem with this manuscript is that it does not extend the knowledge about upper respiratory tract sarcoidosis (SURT) substantially. The authors do not succeed at clearly defining the incidence or outcomes of SURT in their population (more below), and the description of the manifestations of SURT is similar to what is already in the literature. In fact, a report by Panselinas et al. included more than 5-fold the number of patients the authors described here. What new insights does this report contribute to the literature?

2. It would be helpful if the authors described more carefully the method of ascertainment. Did all the patients seen at their center routinely undergo questioning for upper airways symptoms? Did all with upper airways symptoms undergo nasal endoscopy and/or sinus imaging? Were there criteria for that? It is likely that the prevalence of SURT was underestimated if that is not the case. Why did the other 12 patients with symptoms not have a biopsy? Since this is a respiratory referral center, is it likely that patients without pulmonary sarcoidosis (perhaps with SURT) were seen elsewhere?

3. It would be very useful to have more data about the specific treatments and outcomes. Why did some of the patients require repeated surgeries? My experience is that surgery is a temporizing measure unless adequate medical therapy is also used. What doses, how long were they treated, what were the responses?

4. Many of the patients with SURT also have asthma/atopy symptoms. Can you describe whether it was difficult to reach a diagnosis, -i.e. were the patients mis-diagnosed for awhile prior to your evaluation? Did they also require antihistamines and LTRAs etc for symptom control? Were there eosinophils on the tissue biopsies? Focusing on that aspect might be one way to make this more novel.

5. It would strengthen the paper a good bit if you have the capacity with your database to compare these 12 patients to the remainder of the patients seen at your center. I imagine they are probably more chronic, have more organs involved, and more treatment requirements, on average. This is not novel information but would allow a more full characterization of the group you have here. An alternate approach to strengthen this paper, though I am not certain it
would then be accepted for the present journal, would be to report these 12 patients and then combine them with all the other SURT patients reported in the literature to get an overall assessment of SURT in various locales. This may be acceptable since the technology for evaluating it has not changed substantially for several decades.

Minor essential revisions:
6. I have not typically thought of tracheal involvement as part of SURT-can you provide a reference for that?
7. The discussion is longer than the methods + results. It could be shortened.

Level of interest: An article of limited interest

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