Reviewer's report

**Title:** Evidence for HSV-1-induced pneumonitis in patients under standard immunosuppressive therapy for rheumatic and vasculitic autoimmune disease

**Version:** 2 **Date:** 30 December 2008

**Reviewer:** AM Simoons-Smit

**Reviewer's report:**

**General remarks:**
This manuscript provides an interesting subject on HSV-1 respiratory pathogenicity with data from a group of immunocompromised patients in whom this has been scarcely investigated. Unfortunately the number of cases is small and although in two of the four patients the observed pneumonitis could be attributed to HSV1, the data do not give an answer to the controversy about HSV1 pathogenicity in the respiratory tract.

The manuscript is clearly written and provides adequate definitions of the questions posed. Title, abstract, data, discussion and conclusions are accurately described and well-founded with references.

**Major compulsory Revisions:** none

**Minor Essential Revisions:**
1) Although the authors have retrospectively reviewed the charts of 1081 patients with vasculitis or rheumatoid arthritis, only 4 patients were identified with respiratory deterioration associated with the detection of HSV1.

This raises the question in how many patients in the total group of 1080 patients respiratory infectious disease was found and in how many patients of this subgroup HSV investigation was performed. If all patients in this respiratory subgroup were tested for HSV and in only 4 patients a positive HSV-PCR was found, the authors should state this. If HSV investigations on respiratory secretions were not routinely performed it would be better to restrict the description to the 4 cases without mentioning the total number of patients.

2) page 8 line 3. Reference 28 is a report concerning an immunocompetent patient instead of an immunosuppressed patient (as can also be read from the title of the article).

3) page 8 line 10. The authors state that the HSV1 load in patient 1 was 15-fold higher than the detected average. Which average is taken here?

4) page 9 Mentioning HSV as a risk factor for developing pneumonitis in this group of patients has been postulated with too much certainty by the authors as in only 2 out of 1080 patients pneumonitis could be attributed to HSV1. This suggests only a minor role for the virus as a respiratory pathogen in this group of
patients. In the absence of more foundation the authors should qualify their statement.

5) Table 1 and figure 1 overlap for a lot of data. Therefore table 1 could be shortened leaving the data mentioned already in figure 1 (and with more space between the different items) or more clearly, the data in figure 1 could be extended with a number of data from table 1.

6) Some spelling mistakes or textual remarks:

- page 3 1 Background in stead of Introduction
- page 3 line 13 herpes (or HSV1) instead of Herpes
- page 5 line 16 pneumonitis instead of pneumonits
- table 1 - anti-microbial treatment not hyphenated
  - acyclovir and valacyclovir (which item can be left as no patient has received valacyclovir) instead of aciclovir and valaciclovir.

references: titles of articles in bold type.

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

**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