Reviewer's report

Title: Eosinophilic Granulomatosis with Polyangiitis (Churg-Strauss Syndrome) Presenting as Diffuse Myositis

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Reviewer: Shigong Guo

Reviewer's report:

This is an interesting and rare case of Churg Strauss Syndrome with myositis with histological features of primary inflammatory myopathy.

The case report is well structured with a clear objective and is also written in clear, precise, scientific English.

However the educational merit of this case report needs some further exploration before this manuscript is ready for consideration for publication.

My questions for the authors are:

Line 84:

The authors mention that in the current literature, patients who have Churg Strauss with myositis underwent histological biopsies that revealed only vasculitis rather than the ‘usual features of primary inflammatory myopathy that would be expected in a true “myositis”’ – and this is what makes their report stand out in that there were histological features of myositis.

1. Why is it that these other published cases, “true myositis”/primary inflammatory myopathy features cannot be found on biopsy?
2. What is so different/special about this case, that these histological findings were able to be elicited?
3. Line 138 the authors state the muscle biopsy was taken from the “biceps” - please clarify if this is biceps brachialis or biceps femoris?
4. The Uehara paper that the authors cited [ref 10] as an example that “true myositis” features was not found on biopsy, Uehera et al took the biopsy from the quads femoris, whereas in this case the authors took the biopsy from the biceps. Do you think that the site of the biopsy could have made a difference in the differing histological findings? And why?
5. What do the authors suggest should be the diagnostic criteria for Churg Strauss with myositis – i.e. do you need to have features of primary inflammatory myopathy on biopsy in order to make this diagnosis? If not, do the authors think the previously published cases of myositis are really “myositis”?