Reviewer’s report

Title: Human T cell Lymphotropic Virus Type 1- associated infective dermatitis in KwaZulu Natal, South Africa

Version: 2 Date: 3 April 2013

Reviewer: Carlos Brites

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The manuscript “Another point is the differential diagnosis in the study group: what diagnosis the excluded patients had received? How many had HTLV” by Hella et al, is an interesting report on a cases series of IDH in South African patients. It is generally well written, and provides the first description of IDH in South Africa.

I believe the study population deserves a better characterization: It would be interesting to know how many patients are attended in the clinic, and how many has HTLV infection. In addition, I would suggest to include a better description of the study population in table 2, comparing all 60 patients analyzed, regarding to the main findings described for IDH patients. What was the prevalence of HIV in the remaining 41 patients? It would be useful to have the same data for all 60 individuals, and to include the differential diagnosis for the whole group: what was diagnosed in the remaining 41 subjects? The study included a proviral load measurement, but there is no mention to its results in discussion. What was authors’ interpretation for the 10.5% PVL found in the study? They should compare this value with those found in literature, and discuss the implications on the potential of HAM/ATLL.

Finally, as authors stated in discussion, the crusted nares do not seem to be a good criteria to diagnostic of IDH. Since it was the main differential point in comparison with the reports from other regions, I don’t think it is enough to conclude that IDH in South African patients is different from other places.

Level of interest: An article of importance in its field

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