Reviewer’s report

Title: Reversible hypothyroidism and Whipple disease

Version: 1 Date: 13 November 2005

Reviewer: Thomas Marth

Reviewer’s report:

General

This is an interesting case report on a patient with Whipple’s disease and suspected thyroid involvement. Overall, the endocrinological data presented are reasonable, there are, however, some points to be clarified.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

6) page 9: Three points need to be rewritten: a) In the report by Rodarte (Arch Intern Med 1972; 129: 479), who presented a patient with sarcoid like lesions who died of untreated WD, in the thyroid tissue PAS positive cells and fibrous tissue were found.
b) In this report, there are only indirect hints for WD of the thyroid (No histolgy, no PAS, no EM).
c) The role of low protein blood levels (with malabsorption) in the occurrence of hypothyreoidism should be discussed.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) page 3, 2nd para: The gland volume is 12 mls; to my knowledge the normal gland volume is up to 20mls in females (10mls per side). Thus, the gland would NOT be enlarged.

2) page 3, 3rd para: a)Thyroxin was given; I assume it was levo-thyroxine. Have the physicians considered in the clinical course to apply another levothyroxin preparation (or liothyronin) ? b) "Malabsorption became evident": More details should be given on the clinical picture (diarrhea, steatorrhea, fever, malaise; mention the weight loss here). Also, here or later in the text, details should be given about a neurology consult if performed and a MR imaging of the brain (or reasons why it has not been done). To note, as approximately 50% of the patients have T. whipplei in the cerebro-spinal fluid, a spinal tab with PCR analysis should be performed in every Whipple’s patient.

3) page 4, 1st para: The culture of T. whipplei was performed but failed. Where was this done? Who did the PCR? Was the DNA from the duodenal mucosa amplified and sequenced (this is conceivable, but should be mentioned).

4) page 5, 1st para: The fact that peripheral blood was negative after therapy was not surprising (Marth T et al. Limited role for PCR-based diagnosis of Whipple’s disease from peripheral blood mononuclear cells. Lancet 1996; 348: 66-67.). As the patient had malabsorption, a repeat endoscopy would have been important.

5) page 6, 2nd para: The author mentions, ".. that this portion (ileum) of the GI tract has also been
affected...”. It should be clarified that WD involves only rarely the colon but very often all portions of the small bowel.

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Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**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

**Declaration of competing interests:**

'I declare that I have no competing interests'