Reviewer's report

Title: Hyper-IgG4 disease: Report and characterisation of a new disease.

Version: Date: 4 August 2006

Reviewer: Kiyosawa Kendo

Reviewer's report:

General

This manuscript looks to be a very enthusiastic paper and the revised paper has been improved a little. However, it is still redundant and looks to be impertinent one. The number of subjects in the study is only 12 patients. Though the authors wanted to emphasize that hyper-IgG4 disease is systemic disease, but there is no information about systemic clinical symptoms of subjects but index case. It is unknown what is hyper? Does hyper mean high level of serum IgG4? There is no data on serum level of IgG4. The most problem of this manuscript is that this is clearly original paper, not to be review article. So, this paper confused us. In conclusion, the title is not appropriate, thus authors should change the title.

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

1. Page 3, line 5, in conclusion. They concluded that the outcome of hyper-IgG4 disease is very good. However, some cases developed chronic. Takayama et al published a paper entitled Recurrent attacks of autoimmune pancreatitis result in pancreatic stone formation in spite of steroid therapy. Please see the article appeared in Am J Gastroenterol (2004;99(5):932-7.)
2. This manuscript is original paper based on 12 patients with retroperitoneal fibrosis, not review article. However, the sentence of line 10 from bottom in page 4, which started from In this review, looks to be strange.
3. We want to know the age as instead of birth date of each case, because onset time of disease is unknown.
4. As authors stressed that hyper-IgG4 disease is systemic disease. The detail of index case has described, however, there is no information about general symptoms of other 11 patients.
5. The discussion is too long and too redundant. Authors should focus on relationship between IgG4 and retroperitoneal fibrosis.

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

There are mistakes on number of references.

Discretionary Revisions (which the author can choose to ignore)

Which journal?: Not appropriate for BMC Medicine: an article of only archival interest, but might be suited to BMC Clinical Pathology

What next?: Offer publication in BMC Clinical Pathology after discretionary revisions

Quality of written English: Acceptable

Statistical review: No