Reviewer’s report

Title: Reversal of childhood idiopathic scoliosis in an adult, without surgery: a case report

Version: 2 Date: 12 March 2009

Reviewer: Manuel Rigo

Reviewer’s report:

A case report is acceptable when presenting a relatively unexplored issue. This case report is well written and presented, and the issue is relatively unexplored.

In the abstract section please change the first sentence in Background. A scoliosis can be classified as moderate or severe (>55-60º) but ‘moderately severe’ is not a specific category. In this case it should be written ‘moderate’. In this same section it should be better to report also the observed angular values rather than ‘from >45º to >25º’.

In the background section: whether or not breathing function is impaired in moderate scoliosis is a controversial issue and the authors do not offer this point of view. The current controversy, with some papers pro- and some papers against could be shortly described in this section or at least shortly discussed in the discussion section.

Most part of the conclusion section should written as a part of a discussion section, which is missed. Conclusions should be shorter.

The main concern is about methodology and presentation of the figures. All angular values were given by a independent observer. Reliability was good. However, how expert was the observer?. This is very important point when presenting a single case. This reviewer understand very well the interest of the authors to be as unbiased as possible but if the X-ray showing the results are shown and quality is as good as necessary, this methodology is not essential as every reader can see and even measure directly the X-rays. With all my respects to who was measuring the end result and considering that the figure showing he initial and final X-ray is just good but not excellent, the thoracic curve in the last X-ray (2005) is, to my eyes and I think to the eyes of any doctor with some experience, a scoliosis around 30º. In fact just the upper end vertebra is tilted around 20º. It could be a false appreciation from my side due to quality but if a rehabilitation doctor devoted to conservative management has this concern, any other college with a higher critical point of view could strongly argue against the publication of this case report. I would ask the authors, please, to clarify this point. It could be done by improving the quality of the X-rays or marking the lines they used to measure the Cobb angle to show what exactly was measured. In any case the result would be impressive even with the reduction to 30º in the
Cobb angle, being the initial angle over 45°. Please consider this comment a positive criticism in order to avoid a further negative comment via 'letter to the editor'.

Breathing impairment can have different causes. For example, authors should report whether or not the patient was smoker and if yes, for how long.

The X-ray showing the sagittal diameter of the thorax: it should be reported in which conditions the X-rays were taken. Any critical observer could state that the first one was taken in exhalation and the second in inspiration. Please clarify this point.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests