Reviewer’s report

Title: Growing PET Positive Nodule in a Patient with Histoplasmosis

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Reviewer: James R Jett

Reviewer’s report:

General Comments:
Review of the case report by Salhab and colleagues. This was a case report of a PET positive enlarging nodule in a patient with histoplasmosis.

COMMENTS:
1) In the background section, the second paragraph would be lead one to believe that this imaging modality for detection of histoplasmosis granulomas is a new and novel observation. In fact, that is misleading. It is well-recognized to be one of the causes of false-positive PET scans in addition to other granulomatous disease including tuberculosis, coccidioides, blastomycoses and sarcoidosis.
2) In the case presentation, in the second to last paragraph, the authors note that the nodule enlarged from 1.7 cm to 3 cm as identified in Figure 2. Given the fact that there is an enlarging nodule, there really is no reason to do a PET scan for evaluation of the nodule. The enlarging nodule would take precedence over PET positivity or negativity. Were the authors looking for evidence of metastatic disease as the reason for doing the PET?
3) In the discussion, the authors mention that histoplasmosis is common in Midwestern and South Central states. However, they do not mention anything about presence in the countries of Guatemala and Belize. They need to clarify that since that was stated in the patient’s travel history that the individual had been to those two countries.
4) In the first paragraph of the discussion, it should be noted that histoplasmosis is a disseminated infection in normal hosts that is usually handled by the host. The evidence for this is disseminated calcification including calcification in the spleen of patients who have had previous histo infections.
5) In the discussion, in paragraph 3, where the authors were discussing a chronic form of pulmonary histoplasmosis, they state that, “it usually occurs.” This should be changed to, “may occur.”
6) The discussion is primarily a discussion of the various forms of histoplasmosis from localized to pulmonary histoplasmosis to disseminated disease. It is really not a focused discussion that addresses the main issue of the case report.
7) Table 4 outlines 7 patents with PET scan data for histoplasmosis. I am skeptical that this is all that is published in the literature, and would recommend another thorough review of Pub MED publications.

General Comment:
In Midwestern institutions, it is well-recognized that histoplasmosas are cause of positive PET scans in patients. Therefore, that would make this case less than a unique experience. While it may have been unique and unusual in the New York area, it certainly would not be in major teaching institutions in the Midwest, particularly those in Tennessee, Kentucky, Missouri, Illinois, etc.

What next?: Reject as not of sufficient priority to merit publishing in this journal

Level of interest: Reject as not of sufficient priority to merit publishing in this journal

Quality of written English: Acceptable