Reviewer's report

Title: Unsuspected Pneumocystis pneumonia in an HIV-seronegative patient with untreated lung cancer: a case report

Version: 3 Date: 27 July 2007

Reviewer: Harold Hosker

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

This is an interesting and generally well written case report documenting a case of overt Pneumocystis jiroveci infection in an HIV negative patient with lung cancer (bronchoalveolar carcinoma) who had not received cytotoxic chemotherapy or radiotherapy.

Although cases of colonisation with Pneumocystis jiroveci detected by PCR etc is relatively common in chronic lung disease / lung cancer, clinical infection is rare.

This patient had received very high doses of dexamethasone prior to detection of Pneumocystis jiroveci which I think is a major factor in the development of the infection, and this is should be one of the main learning points of the report.

This report is worthy of publication, but with a few small revisions:

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Revisions necessary for publication

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1. There are a couple of spelling mistakes

2nd line of abstract, ‘immunosuppess’ should be ‘immunosuppression’.

Discussion, beginninh of 5th para, ‘Deficit’ should read ‘Deficits in’.

2. Some of the references are very old and should be updated or removed

3. The discussion should be modified to emphasise that the patient clearly had bronchoalveolar carcinoma at original presentation, and that Pneumocystis jiroveci infection developed subsequently as a consequence of very large doses of systemic steroids. Also the mechanisms of immunosuppression / local lung effects due to steroids should be discussed (see paper by Maskell et all, Thorax 2003; 58: 594).

What next?: Accept after minor revisions

Quality of written English: Acceptable