Reviewer’s report

Title: Anterior chest wall tuberculous abscess: a case report

Version: 2 Date: 23 August 2007

Reviewer: Ian Cropley

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?: Yes

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

Comments to authors:

General

Although extra-pulmonary TB is not unusual (representing about a third of cases), the diagnosis is very frequently delayed or missed. This case highlights the indolent nature of TB and one of the many unusual presentations. There is a general lack of awareness of these unusual cases, particularly in younger clinicians in the West who may see TB infrequently. Even though a fair number of case reports of unusual TB presentations are published every year I think this case will contribute to raising awareness.

The English is a little awkward in places and needs minor editorial revision.

Revisions necessary for publication

1. The authors state that TB is very rare in immunocompetent patients. I can’t find published evidence for this in the literature and it is not our experience in London. Is there a reference to back up this statement?

2. The authors state that TB must be confirmed by positive culture or histological
proof. It would be better to rephrase this as in fact cultures may take up to six weeks to become positive, and TB treatment is often started immediately after the appropriate microbiological and histological samples have been obtained if the clinical suspicion is high. I agree it is very important to take the appropriate samples first.

3. I don't think the ultrasound dimensions in the text or the reproduction of the ultrasound scans add anything to the report and would remove them. The ultrasound images are particularly difficult to interpret

4. The CT scans and photograph of the patient are very good though. However it would be preferable just to use one CT image of a good size rather than four small ones.

4. The doses of rifampin and pyrazinamide are substantially lower than those recommended in WHO, USA or UK guidelines - suggest re-check the doses with the treating physician

5. I assume the patient was tested for HIV and found to be HIV negative. I think it is important to state this specifically as TB is a very common presenting illness in HIV.

What next?: Accept after minor revisions

Quality of written English: Needs some language corrections before being published