Reviewer's report

Title: Meningitis and brain edema, rare presentation of minocycline-induced hypersensitivity syndrome

Version: 2 Date: 22 February 2007

Reviewer: Allan R Tunkel

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Comments to authors:

General

The case report by Lefebvre et al. describes a patient with meningitis and brain edema after exposure to minocycline. While I would agree that the administration of the minocycline was temporally related to these findings, the patient was also HIV-positive which may have contributed to the development of lymphocytic meningitis. It is possible that the findings may have been related to another infectious agents (perhaps a different virus) that the authors were not able to recognize or did not test for. While I would also agree that discontinuation of the minocycline led to resolution of the findings, the patient received corticosteroids which may have treated a process that was not identified.

Revisions necessary for publication

1. The manuscript will require extensive editorial revision in all sections, in terms of spelling, correct grammar, writing style, etc. The authors use some words that I think are not in the context of what they meant to say.

2. On physical examination, what were all the vital signs? Was a neurologic examination done and was it normal?

3. Was a biopsy of one of the lymph nodes performed to try to establish an etiologic diagnosis or exclude other etiologies?

4. What cultures were specifically performed? Was culture of cerebrospinal fluid done for all infectious agents? In terms of the viral serologies, were acute and convalescent sera sent to attempt to identify recent exposure to specific agents? The authors state that several viral etiologies were negatives or cicatricials. I don't understand their use of the term 'cicatricial.' When I looked it up, it was defined as 'of or relating to a cicatrix which is a scar resulting from formation and contraction of fibrous tissu, or a mark resembling a scar.' I just don't understand what the authors are saying here.

5. What was the cerebrospinal fluid glucose concentration? Was HIV PCR done on spinal fluid. A repeat lumbar puncture would also have been useful to document normalcy.

6. In the discussion and a review of the references, it would appear that Knowles et al reviewed 13, not 11,
cases. Did they find any similar cases of meningitis and brain edema when they reviewed the literature, or was it that no patients ever had headache or similar symptoms as this patient to warrant CT and lumbar puncture. In the introduction, the authors state that lymphocytic meningitis and brain edema is an uncommon presentation of minocycline-induced hypersensitivity syndrome - that makes me think it has been previously reported.

What next?: Reject

Quality of written English: Not suitable for publication unless extensively edited