Reviewer's report

Title: Proton pump inhibitor-responsive chronic cough without acid reflux

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Reviewer: Toni T Kiljander

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: Yes

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?: Yes

Does the case report have diagnostic value?: No

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

Comments to authors:

General

Doctors Nobata and Asanoi report two cases of chronic cough relieving with proton pump inhibitor (PPI) therapy. The area of the case report is of great interest and further studies on this field are required as suggested by a recent Cochrane review (which I think, should have been cited in the current manuscript).

Major comments

The authors should consider shorten the text considerably. For example in the first page after saying what are the most common causes of chronic cough, authors do not need to speculate which antibiotics are used to treat sinusitis in Japan or how to treat asthma with inhaled corticosteroids, but they could directly jump saying that PPI’s are considered as a drug of choice for GERD-related cough. Moreover, it is repeated three times in the manuscript how chronic cough is assessed in the authors’ institution. This could be shortened just by referring to the Figure 1 in the text.

In my opinion the biggest drawback of the manuscript is the conflict between the cases and conclusions. Both patients had esophagitis, which I think, is a certain sign of reflux disease. Cough then relieved with PPI treatment and reoccurred after the PPI was withdrawn. Then esophageal pH monitoring was performed and only a minority of the coughs were associated with a reflux period. In my opinion we can draw two conclusions from the above: 1) PPI’s can relieve GERD-related chronic cough and 2) cough episode is not necessarily temporally associated with a reflux period and still PPI’s may be useful. Both of the above we know from the previous literature.

Minor comments

Was visual analog scale (VAS) used for evaluating the cough or do the authors have a reference for their cough score?

Both patients had been smokers and stopped smoking only after they had developed cough. Moreover, the other patient might have had asthma, although this was nicely discussed in the discussion section.

The authors might want to consider shorten also the discussion.
Figures are good and clear

Conclusion

From the current manuscript we can conclude that in GERD-patients PPI’s may improve chronic cough that is not temporally associated with a reflux episode. However, that is something we know already from the existing literature and therefore the current manuscript adds nothing much to our current knowledge.

It would be interesting if the authors could report (non-smoking, non-asthmatic, non-rinosinusitis) coughers without esophagitis and pH recording within normal limits (and no temporal association between coughing and a reflux-episode) who still improve with PPI.

What next?: Reject

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