Reviewer's report

Title: Congenital syphilis, still a reality in 21st century- a case report

Version: 2 Date: 29 June 2007

Reviewer: Chris McMahon

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

The manuscript reports a case of congenital syphilis diagnosed in a 13 year old male who presented with a perforated anterior hard palate. This is an interesting case report of a relatively late diagnosis of a condition rarely seen in clinical practice in developed countries.

The case history is well presented but is incomplete. Did the child have the characteristic bullous skin lesions or the macular copper coloured rash on the palms and soles, the orofacial region and in the diaper area as a neonate? Was there any issue with the subject of failing to thrive as an infant? Although it seems that this patient did not have any of the features of early congenital syphilis, the discussion should be expanded to include these and other early feature of this interesting condition. In addition, other symptoms of the latent stage of this disease including periosteal lesions, neuro-syphilis, optic atrophy, interstitial keratitis and other orofacio-dental manifestations should be included. In addition, some mention of Hutchinson’s Triad should also be included in the discussion. Was the CSF of this child examined before penicillin treatment was started?
The discussion would benefit by inclusion of information regarding the relationship between the stage of the mother’s infection and/or the stage of pregnancy when she was infected i.e. untreated primary or secondary syphilis usually is transmitted but latent in tertiary syphilis usually is not in untreated mothers with late syphilis, a healthy child may be born between two others who have congenital syphilis.

The authors comments on prenatal serological screening for syphilis are particularly appropriate but should emphasize the importance of retesting women who acquire other sexually transmitted diseases during pregnancy.

Revisions necessary for publication

**What next?:** Accept after minor revisions

**Quality of written English:** Acceptable