Reviewer’s report

Title: Hypercalcemia in a patient with disseminated Paracoccidioidomycosis (Case Report)

Version: 2 Date: 5 March 2008

Reviewer: John W Caldwell

I am familiar with the literature and believe that this case meets one of the 9 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

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case is well documented and written. The other potential causes of hypercalcemia have been evaluated. The association between hypercalcemia and elevated 1,25 dihydroxyvitamin D is most established in sarcoidosis. In TB the association has been more difficult to quantify and in coccidioidomycosis we found no evidence for it 7 cases. I feel the last sentence of the discussion section "Thus 1,25(OH)2D might be the primary pathogenic mechanism of hypercalcemia in in paracoccidioidomycosis" is overly strong due to the fact the test was still within the normal range and there were no repeat levels mentioned that exceeded the normal range. A response to prednisone and antifungals would be expected regardless if the etiology was vitamin D related on not. More cases with similar findings would be needed to justify the authors conclusion about etiology.

What next?: Accept after minor revisions

Quality of written English: Acceptable