Reviewer's report

Title: Factitious cheilitis: Case report of a rare entity

Version: 2 Date: 25 June 2007

Reviewer: Scott Freeman

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: Yes

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

Comments to authors:

General: Thanks for reporting this interesting patient and highlighting the difficulty inherent in treating these patients.

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Revisions necessary for publication:

1) Include entire addresses and emails for all authors on title page

2) Page 1, Case presentation: Use first sentence to specifically state why the patient presented (pure HPI with chief complaint). The patient likely did not say I have a painless, crusted and ulcerated lesion-leave this detail to the physical exam section. Why did she present to your clinic -referral? specific problem? You state on line 14 that her medical history was unremarkable but go on later to state that she has depression. Given the proposed link to depression later in the text, I think that this is relevant as is the death of her father. Line 21 describes her denial of psychiatric care as a typical feature of her disorder. This should be moved to the discussion. Let us know how well the prescribed therapy you chose is currently working-we need to know how the patient is currently doing.

3) Page 2, Discussion: Place all numerical reference citations in square brackets.
4) Page 3, Discussion: Historical review of this and related disorders should be condensed into 2-3 sentences. The conclusions made (lines 12-25) are highly speculative and should be removed. At most the events described should be suggested as inciting/exacerbating events. Lines 21-30 describe appropriate diagnostic workup and should be in their own section along with a statement to the effect that the disease is a dx of exclusion.

5) Page 4, discussion: Lines 2-4 is awkward. The last paragraph, starting with line 5 describes treatment and several agents are suggested as first line. Psychiatric therapy should to be first line with all of the others being treatments for secondary changes and symptomatic relief.

What next?: Revise and resubmit

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