Reviewer's report

Title: Duloxetine in treatment of refractory chronic tennis elbow: two case reports

Version: 3 Date: 8 July 2008

Reviewer: Chittaranjan Andrade

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Other

If other, please specify:

A new treatment option for a well-established 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:

This report describes two patients who had remained symptomatic despite medical, physiotherapeutic, and surgical treatments for tennis elbow; duloxetine, however, elicited rapid relief, and treatment gains were maintained across a 6-month follow-up.

There are a large number of improvements that, albeit minor, require to be made before this manuscript is suitable for release; whereas these are too many to list, some examples are provided below. The authors might wish to take the assistance of a more experienced colleague to redraft the manuscript. Examples:
1. [First sentence of the introduction]: "... tennis elbow is one of the most common MUSCULOSKELETAL conditions affecting the upper limb....". Insert MUSCULOSKELETAL.

2. [Introduction, 3rd paragraph]: "Duloxetine ... treatment of various psychiatric disorders and other painful conditions." Delete OTHER because psychiatric disorders are not an example of a painful condition.

3. [Introduction, 3rd paragraph]: The 2nd sentence ("It exerts simultaneous ... inhibits their reuptake") is awkwardly worded.

4. Case histories: some unnecessary content can be removed, such as the marital status of the patients.

Other comments:
1. Abstract: The introduction section is too long. The case histories need to be condensed. The conclusion needs to state that duloxetine can help relieve pain rather than constitute an alternative treatment option in patients with tennis elbow.

2. Introduction: Much literature has been published on the use of duloxetine in painful diabetic peripheral neuropathy and other pain disorders. These studies should be cited rather than a reference to the efficacy of venlafaxine in chronic headache.

3. Case histories: Was duloxetine continued for the entire period of 6 months in the two patients? This has not been stated. Also, neither patient can be stated to be pain-free unless the VAS score is zero.

4. Discussion: A reference on the use of venlafaxine for chronic headache is an inappropriate citation for the mechanism of pain relief with antidepressant drugs.

5. Discussion and Conclusions: Neurotransmitter imbalance is not an appropriate phrase to describe the role of spinal mechanisms in the perception of pain. These spinal mechanisms are not 'other' mechanisms to 'also' explain the pain of tennis elbow. These mechanisms are likely the usual mechanisms that mediate pain perception, but which, for example, may be sensitized (or need to be desensitized) in patients with chronic pain syndromes.
Minor note:
Manuscript pages should be numbered.

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

**Declaration of competing interests:**

1. I have conducted a large number of clinical trials that were supported by the pharmaceutical industry. However, most of these trials were investigator-initiated; and all payments were always made to the institution in which I am employed. I have not benefited financially from these trials.

2. For the past 8 years, I have been publishing an e-newsletter which is supported by a pharmaceutical company. The payments are made directly to a charity which supports street children in Bangalore. I do not benefit financially from the relationship.

3. I travel extensively to deliver guest lectures and conduct workshops at the invitation of psychiatric bodies in various parts of the country. My travel and stay has been supported by various pharmaceutical companies, at the behest of the inviting organization.

4. I have occasionally provided advice and guidance to various pharmaceutical companies, and have received nominal honoraria for the consultation, usually in the form of academic support towards purchase of educational and academic materials such as textbooks.

5. I accept gifts from pharmaceutical organizations when these are part of a general program; these gifts are small in value, and include textbooks, or complimentary products distributed at conferences and workshops.