Reviewer’s report

Title: Takayasu's arteritis associated with Crohn's disease: a case report

Version: 4 Date: 8 October 2007

Reviewer: David Gorard

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected association between diseases or symptoms

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: No

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?: No

Comments to authors:

The case report describes the association of 2 diseases in the same patient. We are not told basic information about the patient’s Crohn's disease. In particular, the anatomical sites of Crohn’s disease in her gastrointestinal tract are not reported. ?small bowel,?colonic. We are however told she had a ‘barium transit’ which was normal, again raising the question as to the site of her previously diagnosed Crohn’s disease. This reviewer is uncertain as to what a barium transit is. (presumably a barium meal and follow-through?)

The authors mention that the association of Crohn’s and Takayasu’s has been described before. In fact they even state the occurrence of the 2 diseases in the same patient “should not be perceived as an unexpected association”. They also briefly mention granulomatous vasculitis as being a feature of Crohn’s but do not say how it is distinguished from Takayasu’s.

Since the authors conclude that it is critical to diagnose Takayasu arteritis and that this has a bearing on future management, it would have been useful to be told what the management / treatment of Takayasu involves, and how any future immunosuppressive treatment might overlap with or differ from treatment of Crohn’s disease. We are not told specifically what happened to the patient in this
case report – was the plan to remain on prednisolone indefinitely.

The case report is poorly written: The English is poor - both spelling and grammar. There are some needless mistakes – for example spelling of Takayasu is on at least one occasion spelt Takatyasu. Numerous other clumsy grammatical mistakes are present. These are understandable if English is not the authors’ first language but the manuscript should have been checked through by an English speaker prior to submission.

Minor point: units for white cell count and platelet count are not standard.

What next?: Reject

Quality of written English: Not suitable for publication unless extensively edited