Reviewer's report

Title: Community acquired mastitis due to Mycobacterium abscessus: a case report

Version: 2 Date: 6 January 2009

Reviewer: John Goldman

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

1) In introduction would add that pulmonary infections are most often reported in immunocompromised patients and patients with cystic fibrosis.

2) I would clean up the introduction and eliminate some of the information in the introduction. For example, I would say the patient has a history of autoimmune thyroiditis with resultant hypothyroidism and would assume that most readers will realize that the patient is on thyroid replacement. I would also say that the patient had been on 10 mg of prednisone for 1 month secondary to autoimmune hemolytic anemia.

3) I would recommend just saying that the patient is on cefotaxime. Most readers will know it is a third generation cephalosporin.
4) I am not sure what retro-alveolar ducts resulted ectasic means.

5) I would only refer to the labs in Table and not list all abnormal results. I would only note that the HIV was negative, the CD4 was normal, and blood cultures were negative for AFB.

6) Mycobacterium abscessus has been reported in soil/gardening exposure. I would specifically mention if this patient had any soil or gardening exposures.

7) Mycobacterium abscessus is a common water pathogen. It is unlikely this patient got it from washing herself. Many people wash themselves in water that is often contaminated with multiple species of mycobacterium and skin and soft tissue infections are almost never reporte. I would eliminate this section and merely mention that the source of infection was unclear.

8) I would again tighten up the discussion. For example, I would simply mention that the patient was immunocompetent. The authors have already stated that she was HIV (-) with a normal CD4 count. I would also simply state that routine bacterial cultures would not be expected to grow mycobacterium; even rapidly growing species.

9) In the conclusion, I would simply state that mycobacterium abscessus is a rare cause of skin and soft tissue infections and should be considered in the differential of patients who do not respond to standard antibacterial therapy. I would not mention cost or hospital stay. Routinely considering mycobacterial infection would add to not decrease costs.

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

Declaration of competing interests:

I have no competing interests.