Reviewer's report

Title: Caecum perforation due to tuberculosis in a renal transplant recipient: a case report

Version: 2 Date: 9 February 2009

Reviewer: Graham H Bothamley

Which of the following best describes what type of case report this is?: None

Has the case been reported coherently?: No

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?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This case report does not have a clear learning point which can be generalised. If someone presented with an acute abdomen and evidence of perforation would any other action have been taken? The site of perforation does not affect the need to repair the bowel and send excised material for histological examination. Tuberculosis is commonly found in the caecum. Patients with renal disease are well known to have a higher incidence of tuberculosis. Silent perforation during immunosuppression is important.

More interestingly, could the diagnosis of tuberculosis have been made 10 months earlier? The evidence that he had pneumonia (fever, raised neutrophil count and radiograph evidence of alveolar shadowing) should be presented. In those at higher risk of tuberculosis, empirical treatment can be initiated. The
history of significant contact with tuberculosis might recommend treatment in someone with renal disease and a clinical picture compatible with tuberculosis unless a definite diagnosis of pneumonia could be made, preferably with a positive blood culture, urinary antigen, serology or evidence of early response to antibiotics. The new interferon-gamma release assays have been thought to be more useful than tuberculin skin testing as an indicator of tuberculosis infection. The appearance of the omentum is often diagnostic in abdominal tuberculosis.

SI units are more commonly used for an international readership.

Were the rectal ulcers thought to be due to tuberculosis? This is more unusual and if histology were available might merit reporting.

The symptoms of tuberculosis, apart from cough and haemoptysis, are rarely dependent on the site of disease. Fever, night sweats, unexpected weight loss as well as general malaise and lymphadenopathy are all general and frequent symptoms of tuberculosis.

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

**Declaration of competing interests:**

'I declare that I have no competing interests'