Reviewer’s report

**Title:** Use of anabolic-androgenic steroids masking the diagnosis of pleural tuberculosis: a case report.

**Version:** 3  **Date:** 8 August 2008

**Reviewer:** Chong-Jen Yu

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

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?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case report describes a patient with tuberculous pleural effusion presenting as eosinophilic effusion, the final diagnosis was reached by pleural biopsy culture, pleural fluid ADA titer and skin test, 4 months after the initial presentation. Before the initial event, the patient had received injection of anabolic-androgenic steroid for 10 days. Since AAS is known capable to modulate the expression of cytokines by immune system, including IFN. The author claimed that the atypical initial presentation of tb pleurisy, such as eosinophilia in pleural fluid, negative skin test and low ADA titer, could be secondary to AAS. However, they found no evidence to support an explanation of eosinophilic pleural effusion, which is uncommon in tb pleurisy.

I found this case report interesting, but lack of mechanism to link the AAS and tb activation, except time association. A single case report can’t conclude that anabolic hormone will mask the presentation of tuberculosis. The authors should seek more evidence or raise feasible hypothesis to explain this.
Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests