Reviewer’s report

Title: Tuberculous disseminated lymphadenopathy in an immunocompetent, non-HIV man: a case report

Version: 3 Date: 30 March 2009

Reviewer: Gerald Donowitz

Which of the 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?: 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?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors seek to review diffuse tuberculous adenopathy in a non-HIV, immunocompetent individual. This is an important differential to remember. However, I would suggest the following:

1) The authors note that "In disseminated lymphadenopathy, the differential diagnosis has to include both benign and malignant causes including sarcoidosis, metastases, lymphoma, or rarely, tuberculosis." This is mentioned in the abstract, the introduction, the discussion, and the conclusion. I would mention it once and delete the others or at the very least, change the wording.

2) In the discussion, the authors review the course of TB in patients with HIV/AIDS. This has no relevance to this case so I would delete it.

3) In the discussion, the authors describe the physical findings of tuberculous
adenopathy. It would be helpful to compare and contrast those findings with those of the other major syndromes in the differential (sarcoid, metastases, lymphoma).

4) The authors do not describe the overall success of medical therapy and the time course of resolution of symptoms. If data is available, this should be cited.

5) At the end of the discussion, the authors note that" aspiration or incision and drainage of fluctuant nodes is beneficial". I would cite the data for that. I am not sure that this is a generally accepted intervention. En-bloc excision has been described however and probably should be mentioned.

6) While not necessary, it would be helpful if the authors reviewed the physical exam presentations of the other major possible clinical entities to see if the differential can be narrowed by physical exam or simple tests.

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

**Declaration of competing interests:**

I declare that I have no competing interests.