Reviewer’s report

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

Version: 3 Date: 3 April 2009

Reviewer: Allan R Tunkel

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:

The case report by Gerogianni et al. is a report of disseminated lymphadenopathy caused by Mycobacterium tuberculosis in an immunocompetent patient. As the authors point out, disseminated lymphadenopathy is an unusual manifestation of tuberculosis in this patient population. The manuscript is generally well-written, but will need some editorial revision prior to publication. My comments are as follows:

1. The case presentation needs some organization. I think there is some information that can be eliminated as it is not important to the salient features of the case. These include the history of schizophrenia and the treatment of the condition, and some of the laboratory data. The authors should also re-organize the presentation. For example, the first paragraph has some history, then physical examination, and then back to some history. Describe the history, give vital signs and exam to include description of lymphadenopathy, and then go on the laboratory and diagnostic studies.
2. In the case presentation, the patient is reported to be obtunded. Was cerebrospinal fluid obtained for analysis to determine whether the patient had tuberculous meningitis?

3. In the case presentation describing the figures, indicate the figure numbers directly in the text.

4. In the discussion, I would remove the information about tuberculosis in HIV infected patients, as the point of this case is that the patient is immunocompetent.

5. In the discussion, the authors discuss aspiration and drainage of lymph nodes. My understanding of the literature is that complete excision of involved nodes with no drains is usually recommended to diminish the possibility of postoperative fistula formation.

6. In reference #6, the specific author who wrote the tuberculosis chapter should be included in the citation, along with page numbers.

7. Please add arrows to the figures to elucidate what is being described in the figure legends.

**Quality of written English: Acceptable**