Reviewer's report

Title: Mycotic aneurysm of the inferior gluteal artery caused by non-typhi Salmonella in an HIV-infected patient: a case report

Version: 4  Date: 29 March 2010

Reviewer: Roopa Iyer

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

Unreported but not unexpected presentation of the disease. Mycotic aneurysm of gluteal arteries are rare. But NTS causing aneurysms are common and in HIV infections, it is not un-expected. As yet, there are no reports of NTS mycotic aneurysm in Gluteal arteries in HIV.

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:

Was the post operative specimen of the resected aneurysm sent for culture? It would be interesting to know if the NTS was indeed responsible for the aneurysm. In this case, NTS was isolated from blood culture and it is not surprising to have NTS in blood of a HIV infected patient with CD count of 132. But if isolated from the specimen, it would have been more conclusive.
In the advent of HIV and multi-drug resistant salmonella, co-trimoxazole would any ways be least effective in prevention of the salmonellosis. One, therefore cannot expect co-trimoxazole to be used for prophylaxis for salmonellosis.

Quality of written English: Acceptable