Reviewer's report

Title: Unusual primary HIV infection with colonic ulcer complicated by hemorrhagic shock: a case report

Version: 1 Date: 21 December 2009

Reviewer: Klaus Mönkemüller

Which of the following 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:

Emonet et al present a patient with primary HIV-infection with colonic ulcer. The case is interesting and well written.

Major comments:

Introduction:
Although colonic ulcer has been not described in acute HIV, other ulcers such as esophageal and rectal are well known to occur in acute HIV (please check Wilcox CM. I suggest to include these references: Mönkemüller K, Fry LC, Decker JM, Rickes S, Smith PD. Severe gastrointestinal disease due to HIV-1-seronegative AIDS. Z Gastroenterol. 2007;45:706-9 (this case shows an idiopathic rectocolonic and esophageal ulcer in a patient with acute seronegative HIV);

How sure are you that this is an “idiopathic ulcer”. How many biopsies were performed? What type of stains did you use? Could it have been TB, or histoplasma, or CMV? If you did not use special stains you can quote Mönkemüller et al., mentioning that special stains are not always necessary to diagnose GI problems in AIDS (Monkemuller…Wilcox CM, Am J Clin Pathol). Did you culture the ulcer tissue?

The ulcer that the authors describe is also known as “idiopathic colonic ulcer”, similar to the idiopathic esophageal ulcer. The etiology is unclear, HIV may be directly be involved in the pathogenesis of the ulcer. Formerly patients were treated with steroids (or even thalidomide), but now HAART is associated with resolution of opportunistic disorders and likely also these idiopathic ulcers.

Case description: please provide location and appearance of the colonic ulcer. How big, fibrotic, rasied borders, irregular margins, etc.

Discussion:
Please incorporate the above mentioned references.

Quality of written English: Acceptable

Declaration of competing interests:
'I declare that I have no competing interests'