Reviewer’s report

Title: Granulomatous pyoderma preceding chronic recurrent multifocal osteomyelitis triggered by vaccinations in a 2-year-old boy

Version: 3 Date: 7 February 2010

Reviewer: Hermann Girschick

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?: No

Is this case worth reporting?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Even though the description of this patient is of particular interest (I have seen and reviewed it before) it still lacks a definite diagnosis of chronic osteomyelitis even though in the radius and in the tibia osteolytic lesions have been documented.

Now another bone lesion has been added which is absolutely rare for CRMO, the skull lesion in the temporal/parietal bone.

Otherwise the manuscript reveals the same aspects:

It has been well documented in the literature that a variety of skin lesions especially related to psoriasises are linked to CRMO. However, the skin lesions shown in these patients are certainly a rare of finding together with CRMO. The lesions describe mainly remind the reader as vasculitis or pyoderma
gangraenosum, as well as scrofuloderma. The lesion has been described as granulomatous. In this regard sarcoidosis has also to be considered. Since no bone biopsy was obtained it is somewhat surprising that two different types of antibiotic treatments, Ciprofloxacin, Teicoplanin, were described to be effective in treating the skin lesions. In addition it is not quite clear whether the antituberculostatic treatment also had a positive treatment effect. Over all the lesions seem to be somewhat inflammatory because corticosteroid treatment, after the antibiotic treatments were considered effective. Usually CRMO lesions do not significantly improve after antibiotics. In conclusion, the statement that the bone lesions seen are in consistence with CRMO is still a mere speculation, with the parietal bone involved even more unlikely.

**Quality of written English:** Acceptable