Reviewer's report

Title: EBV Myelitis and Castleman's Disease in a Patient with Acquired Immune Deficiency Syndrome (AIDS): a Case Report

Version: 2 Date: 10 November 2010

Reviewer: Jean-Pierre Routy

Which of the following best describes what type of case report this is?: New associations or variations in disease processes

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?: No

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:

EBV Myelitis and Castleman’s Disease in a patient with AIDS
Albany et al
Case report

Interesting temporal association between first onset of well documented CD and EBV myelitis. This observation represents an hypothesis generating question on what can be the link between CD (HHV8) and the EBV myelitis in a patient with controlled HIV replication (HIV Viral load < 50 copies).

Major comments
Did the patient have AIDS on only HIV infection, as CD is not an AIDS-defining
condition? Since when the patient was controlled by HIV.
Can the EBV myelitis be an IRIS, an immune reconstitution syndrome due to recent (3 months) control of HIV replication and a better fit immune system?
Was EBV present in CD lesion, how can you rule out that the patient had not also a primary effusion lymphoma (PEL) without effusion (HHV8, EBV related) in an other LN. Had a reference on HHV8 related condition: Bestawros A, Boulassel MR, Michel RP, Routy JP. J Clin Virol. 2008 Jun;42(2):179-81
As a consequence a possible link between the 2 conditions both depends to EBV specific immune control.
What is the evolution of the patient conditions? Including EBV PCR levels.
In the discussion:
What is your hypothesis linking the 2 conditions
Minor comments
Introduction line 4: With numerous CNS diseases… please specify
Line 10: HIV seropositive should be replaced by HIV infected
Case presentation: what was the CD4 nadir for the patient, when ART was started?
CRP: very low level: 5 mg/L ??? Contrasting with WSR, and with yours comments in the discussion on elevated CRP in CD.
Specify the NIH protocol with AZT and valganciclovir was for the treatment of CD not EBV myelitis, please specify and use reference www.clinicaltrial.com
43-year-old should be hyphenated this way thought-out the text.

Quality of written English: Acceptable

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