Reviewer's report

Title: Unusual cardiovascular complications of brucellosis: a case series

Version: 1 Date: 7 September 2010

Reviewer: Javier Solera

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?: 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:

GENERAL COMMENT

The authors describe two cases with unusual manifestations in patients with acute brucellosis. The cases are well described but they do not provide relevant diagnostic clinical or physiopathological information.

A literature review would be useful if a detailed description of previous cases was provided along with the cases reported by the authors. In such review besides the epidemiological data decribed in the deiscussion they should include a detailed descriptions the clinical findings, ECG, echocardiography, and other imaging tests, laboratory data including myocardial damage parameters, treatment and outcome.

SPECIFIC COMMENTS
CASE I

Percarditis and pericardial effussion as isolated finding in the echocardigram has been described previously. This patient had not characteristic chest pain, nor pericardial friction rub and no ECG changes, therefore the patient had a pericardial effussion as a finding in the echocardiogram. Information about immunological alterations in laboratory data could be interesting e.g.: immunoglobulins, complements, rheumatoid factor, protein C reactivity, since the patient could have a pericardial effusion of immunological nature related or not to the bacteria. In relation to the treatment, it should be clarified if the patient received NSAID or corticosteroids. The discussion should comment why the patient received treatment with three antibiotics and during three months, despite the fact that endocarditis was not found.

CASE II

Treatment should be clearly explained ie: dosis, duration, route of administration. Did the patient receive corticosteroids or NSAID?. Were the “mild regional motion abnormalities” detected by echocardiography resolved?.

DISCUSSION

The three first paragraphs of the discussion can be supressed since they do not provide new information and it is not focussed on the cardiological manifestations of brucellosis. A table summarizing clinical characteristics of the few reported cases would be useful for clinitians.

REFERENCES

Therere are some relevant references missing that can be found in Medline searching for “pericarditis” and “brucellosis”

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests' below. If your reply is yes to any, please give details below.