Reviewer’s report

Title: Immune reconstitution inflammatory syndrome (IRIS) associated with Acquired Immuno Deficiency Syndrome (AIDS) related gastrointestinal limited Kaposi’s sarcoma presenting as Acute intestinal obstruction: A Case report & Literature review

Version: 2 Date: 18 May 2010

Reviewer: Graeme Ayton Meintjes

Which of the following following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

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?: No

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:

This case report describes a novel presentation of Kaposi’s sarcoma that will be of interest to clinicians in the HIV field and it is important for such clinicians to be aware that bowel obstruction may occur as consequence of KS-IRIS. The grammar and flow of the report could be improved, but I assume that the editorial staff will address this should the report be accepted for publication. The following comments need to be addressed:

MAJOR COMMENTS

1) It is incorrect to state that KS-IRIS has only been reported 4 times before. I refer the authors to the following review of dermatological IRIS which describes
several other cases and case series of KS-IRIS:


2) In the introduction the authors state that IRIS occurs commonly in association with mycobacterial infections and lymphoma. This is incorrect. Lymphoma IRIS has been rarely reported. The common conditions associated with IRIS are mycobacterial, fungal and viral infections.

3) In the introduction it is stated that KS can reactivate during HAART. The word “reactivate” is misleading. It suggests that the KS has been controlled/resolved and then recurs which was not the case. I suggest rather use the term “worsen”.

4) A major issue that needs clarification is the exact cause of the bowel obstruction. In reporting the laparotomy findings the authors report that the KS cystic lesions were in the mesentry but do not suggest that these were causing luminal obstruction of the intestine. I was left with the impression that the bowel obstruction was due to the adhesions. However, in the discussion the authors state that the rapid increase in size of KS lesions caused obstruction. The authors need to clarify whether the KS cystic lesions or the adhesions were causing obstruction, throughout the paper. If it was the cystic lesions then how did they cause intestinal obstruction (? extraluminal compression).

5) In the discussion the authors state:

“Ultrasound of abdomen was also normal which indicates that the size of KS lesion was small or it was macule.”

Many would disagree with this statement. Even fairly large intestinal mass lesions can easily be missed on ultrasound. Indeed when the patient presented again with KS-IRIS the lesions were not detected on the ultrasound. This sentence should be removed.

6) The authors state in the discussion: “However in this case there was a rapid increase in size of KS lesion...”

This cannot be stated with certainty unless it had been shown to increase in size on imaging. Suggest state that an increase in size “probably” occurred in order to temper this statement.

MINOR COMMENTS

1) In the case report provide details of the ART drugs the patient was prescribed.

2) The authors state that gastritis is very common during initiation of HAART therapy. They provide no reference or evidence to support this statement. Gastro-intestinal intolerance of ART drugs is common during early ART but do they have evidence that gastritis proven on gastric biopsy is common? Provide references or delete this phrase.

3) Provide details of how many courses of paclitaxel the patient received and doses.

4) The authors state that KS is a neoplastic disease that originates from vascular endothelium, however this is not entirely clear and most researchers in this field

5) The authors state that the biliary tract is commonly involved in KS. Most would consider this a rare manifestation, can they provide data to support this?

6) Suggest reword the following sentence: “Gastrointestinal KS is mostly found in the stomach and duodenum with small or large bowel being rarely involved” to rather state “Gastrointestinal KS is mostly found in the stomach and duodenum with jejunum, ileum or large bowel being rarely involved”.

The duodenum is part of the small bowel.

7) “Gastrointestinal obstruction has also been rarely reported.” Provide references.

8) Last sentence of page 2 would better read:
“IRIS is most frequently observed in individuals with severe CD4+ T cell depletion and is believed to be due to reconstitution of immune responses to a previously existing (but clinically occult or previously treated) pathogen or tumor antigen, rather than development of new opportunistic infection or progression of opportunistic infection due to treatment failure."

9) Page 3. In summarizing case it is stated “An emergency laparotomy was done which showed matted small bowel loops with purple coloured patches on small bowel serosal surface and mesentery. “ The cystic lesions should be mentioned here too.

10) first paragraph page 3. Suggest state that rise in CD4 and temporal relationship of bowel obstruction to HAART initiation also support the diagnosis of KS-IRIS.

11) Not all KS-IRIS lesions need chemotherapy. A study presented at the Conference on Retroviruses and Opportunistic Infections 2009 reported KS-IRIS cases from Uganda (Martin et al, abstract 31). Cases that manifested with only skin involvement resolved with continued HAART and without chemotherapy. Suggest state that chemotherapy is indicated when KS-IRIS is severe or there is visceral involvement.

12) Authors state KS-IRIS may occur in HAART naïve individuals in several places in the paper. Suggest add that it may occur in HAART naïve individuals AFTER STARTING HAART.

13) On the histological specimens were there any unusually inflammatory features to suggest IRIS?

14) On picture 3, the histological features should be indicated with arrows.
Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests