Reviewer's report

Title: Dysphagia as manifestation of Oesophageal Tuberculosis.

Version: 2 Date: 11 February 2011

Reviewer: Chris Kosmidis

Which of the 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?: 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:

- General comments

Gomes et al. present two cases of esophageal tuberculosis, a rare condition, and discuss diagnosis and management. The interesting features include the development of oesophageal stenosis in the first patient and the presentation mimicking cancer in both patients. Overall, the authors should elaborate on these main teaching points. The report could potentially be published with some revisions.

- Revisions necessary for publication

1. Should elaborate more on esophageal stenosis as a consequence of TB, as it is one of the interesting points of the report. How long was this patient followed
up and what was the outcome? Has stenosis been reported before as a complication of TB? How long after starting treatment was it diagnosed? What is the management and prognosis? They can cite references such as Prakash K, trop gastroenterol 2001. Can cite report by Milnes, Holmes, Br Med J 1983 on recurrent strictures.

2. The authors should mention ethnic background of patients. Were they immigrants or natives? Also should mention TB skin testing. Was it performed?

3. It would be best to include, if possible, a photo of the histological section confirming the diagnosis.

Specific recommendations:

Page 1:
Title should be: Dysphagia as a manifestation....

Page 2:
line 3: Omit ‘the’
line 4: Change ‘a’ to ‘an’
line 5: Change ‘study’ to ‘evaluation’
line 6: Mention briefly in this section of the abstract the pertinent findings, namely the development of stricture in one patient and the presentation as a sessile polyp in the other.

Page 3:
line 5: change esophagic to esophageal
line 6: can include a comment about cases occurring secondary to swallowing of infected sputum
line 9: change to ‘the carina’
line 9: ...usually affects middle third of esophagus: reference needed
line 11: at the end of Introduction: should include one sentence about the cases about to be presented and what the main teaching point will be.
line 16: change to ‘a history of’
line 18: change 'March 2009' to time in months in relation to diagnosis (for both patients)
line 19: omit ‘analytically’
line 19: a normal blood count, an erythrocyte...

Page 4:
line 1: omit ‘more likely’
line 3: Change polynuclear to multinucleated (if it refers to giant cells) or polymorphonuclear (if it refers to neutrophils)
line 5: should read …, and acid-fast microorganisms were seen.
line 7: persistent
line 12: specify how long after starting treatment was the stenosis diagnosed.
line 16: change to: followed by 4 additional months of isoniazid and rifampicin.
line 20: change to 'a history of'
line 21: referred in 2007: change to: presented ... years earlier (time in relation to diagnosis)

Page 5:
line 1: Change sentence to: He had an ESR of... etc
line 4: change 'few' to 'mild'
line 8: change to: Histology revealed...
line 10: should read Langhans
line 10: change to: with acid-fast bacilli detected.
line 15: change to: with an additional 4 months of isoniazid and rifamicin.
line 20: omit: or else it is found after an upper GI endoscopy.

Page 6:
line 5: the finding of a fluid collection should also be mentioned in the case description, not only in the discussion
line 5: 'abscessed collection' should read 'abscess' or 'fluid collection'
line 9: should read: the most frequent symptom of oesophageal tuberculosis is dysphagia
line 12: should read 'in our cases'
line 21: should mention that carcinoma is in the differential, as was the case for both patients
line 23: should read Langhans

Page 7:
line 12: change to: was curative for both patients.
line 13: authors should elaborate more on oesophageal stenosis (see above).
line 20: change to: active pulmonary tuberculosis should be ruled out.
line 21: Mycobacterium tuberculosis should be in italics.
line 24: change to antituberculous drugs.
Can also include in the conclusion a comment about tuberculosis mimicking carcinoma and about the possibility of strictures.

Quality of written English: Needs some language corrections before being published
Declaration of competing interests:

I declare that I have no competing interests