Author’s response to reviews

Title: Delay in diagnosis of generalized miliary tuberculosis with osseo-articular involvement; a case report

Authors:

Chaturaka Rodrigo (chaturaka.rodrigo@gmail.com)
Inoshi Atukorala (inoshi.atu@gmail.com)

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Author’s response to reviews: see over
Dear editor and reviewers,

Thank you for the kind and very relevant comments. Our responses are given below, in blue. The relevant changes in text are highlighted. We have accepted the track changes as lot of rearrangements were done. Leaving the track changes on would have been confusing.

**Editorial comments**

Please restructure the Abstract into the following three sections: Introduction, Case presentation, and Conclusion. The abstract should be no longer than 350 words

Done

Please replace header ?Background? with ?Introduction.?  

Done

As the patient is a minor, please could you confirm that you have obtained written informed consent from the patient?s legal guardian for publication of the case. Your consent statement should be modified accordingly.

The consent was taken from the patient as he was not a minor at the time he was interviewed by us (2010). His age was 17 at the time of his initial presentation in 2006. Now he is 22 years of age.

Please include a figure title and legend section after the reference list

Done

**Reviewer: Sharjeel Ahmad**

At the time of initial presentation, what treatment was offered to the patient?

He was symptomatically managed with analgesics and various combinations of antibiotics on different occasions. This is now mentioned in the manuscript (Case presentation, paragraph 3)

More specific information regarding follow-up after completion of anti- tuberculous therapy. Any follow-up imaging or biopsy? Did the patient have any subsequent flare-ups? How many months after completion of treatment was the patient last seen?

The patient was reviewed 2 months after completion of therapy and he was in good health. There were no flare ups. There were no follow up biopsies after completion
of treatment as his clinical response was satisfactory. (Case presentation, paragraph 7)

Please include some information very briefly regarding the usual duration of treatment for extrapulmonary TB involving joints and skin/soft tissue with citation/reference in your discussion

Done (discussion, paragraph 5)

Reviewer: Dragica Pesut

Major comments

Title: The existing title is too long and a bit hard for understanding. I suggest the following one: Delay in diagnosis of generalized miliary tuberculosis with osseo-articular involvement – a case report

Changed as suggested


Done

Case Presentation: It is not well organized. Start with case history, physical examination, basic laboratory findings, imaging methods, aggressive methods done and their results. Follow the order and avoid repetition.

Part of the confusion is due to the fact that the patient is having two presentations 3-4 years apart. We believe that it would be less confusing for the reader if the two events are separated. The order suggested by the reviewer is followed for each presentation separately and we have separated the two presentations with appropriate subheadings in this revision.

Case presentation, Paragraph 6: Metric system units are missing and number is incorrect - (leukocyte count of ) 6100... should be 6.1x10^9/L

Corrected

Paragraph 6 ... «strongly suggestive TB» Delete: strongly. Without detection of the Mycobacteria on special staining, or M. tuberculosis on culture, the histological diagnosis is not strongly suggestive, especially since caseating granulomata are missing and other granulomatosis like sarcoidosis may be differential diagnosis. The caseating granuloma is main characteristic of histologic presentation in TB, together with demonstration of mycobacteria in the specimen. However, favourable disease outcome under anti-tuberculosis treatment is may be the only peace of strong
evidence for TB in the presented case, quite enough to consider the case TB with osseo-articular involvement.

Done

Paragraph 7; Was the patient hospitalized during the whole 6-month treatment course? It is not always necessary, especially in extrapulmonary TB. Please be precise and state the duration of hospitalization in this case to share the experience.

No, the patient was not hospitalized except for the surgical procedures of synovial biopsy and aspiration. He was treated as an outpatient. This fact is now mentioned in the manuscript (Case presentation, paragraph 7).

«A chest X ray .....fibrosis» Add ‘pulmonary’ fibrosis or similar to denote lung tissue. Instead of «old tuberculosis», rather use – tuberculosis sequellae.

Done (Case presentation, paragraph 6)

After the case presentation, the text spontaneously develops into discussion, which should be better organized. Subheading Discussion is missing. Logic order is missing at the end of the Case presentation session. The authors bring epidemiologic data and then come back again to discuss diagnostic problems of the presented case. The parts should be carefully rearranged.

A subheading now separates the discussion. Parts of the discussion are now rearranged. After a basic introduction in the context of the patient (with some relevant epidemiological data), the tuberculous abscess and monoarthritis of knee are discussed separately followed by a new paragraph on treatment

References
Seven references are included. The list of references of rare similar previously published cases is insufficient. There are cases of miliary TB with knee involvement published, and even miliary TB with the monoarthritis / synovitis as the first manifestation of the disease. The authors could search for the references at: http://www.ncbi.nlm.nih.gov/PubMed

Thank you for this advice. We have added 5 new references of similar presentations reported in literature with disseminated TB and knee joint involvement (However, without abscess formation as in our patient). The total number of references is 15 now.

Figures
Two figures are included but the legends are missing.

Legends added

Minor comments
The text should be carefully revised for spelling errors. Punctuation is mostly incorrect. The text editing by native English speaking professional is needed.

The manuscript was carefully re-read and corrected

Background: ‘shows’ should be ‘show’
Case Presentation: 17-year old young man – delete ‘young’ and he will stay young enough
Numbers less than 10 should be avoided in the text – rather use ‘three’ or ‘four’ than 3 or 4, etc.
Each abbreviation should be explained when it appears in the text for the first time (e.g. AFB, PCR – polymerase chain reaction) or, if the term is mentioned only once, in whole

These errors are now corrected

Thank you

Chaturaka Rodrigo
Inoshi Atukorala