Reviewer's report

Title: An atypical presentation of multisystem tuberculosis with monoarthritis resulting in diagnostic delay for years; a case report

Version: 1 Date: 28 June 2011

Reviewer: Dragica Pesut

If other, please specify:

Increases awareness on rare forms and complications of TB as disease declared global emergency.

Has the case been reported coherently?: No

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?: 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:

Is there any missing information that you think must be added before publication?

-------------------------------------------------

- Yes

Abstract: a sentence on disease outcome under anti-tuberculosis treatment;

Text: duration of hospitalization; figure legends; more new pieces of literature related to tuberculosis synovitis of the knee joint.

Is this case worth reporting?
Yes, it represents a rare manifestation of extrapulmonary tuberculosis, which is currently of increasing trend worldwide.

General comments

Since tuberculosis (TB) is declared global emergency, the topic of this paper is actual and the authors present a case of osseo-articular tuberculosis with complication and diagnostic delay. Thus, the paper increases clinicians’ awareness on curable disease TB and especially, its extrapulmonary osseo-articular form, which is still a challenge in current clinical practice. Unrecognized, it may have unfavourable outcome and lead to the patient’s death.

The authors discussed sequellae of pulmonary tuberculosis, including middle lobe syndrome, that served as potential source of the current episode of active extrapulmonary disease. Thus, dissemination of M. tuberculosis from pulmonary focus through the blood stream has lead to osseo-articular tuberculosis, diagnosed after prolonged period but early enough for favourable disease outcome. This is important to reveal and highlight in the paper. That is why ‘miliary tuberculosis’ as hematogenous form of TB is included in the suggested title.

The manuscript is acceptable for publishing after revision.

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

The manuscript comprises of three main sessions: Background, Case presentation with incorporated discussion, and Conclusion.

Abstract

Instead of ‘old tuberculosis’, rather use – ‘tuberculosis sequellae’.

Add a sentence on disease outcome under anti-tuberculosis treatment.

Background

Few spelling errors

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.
Case presentation, Paragraph 6

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

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.

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.

«A chest X ray .....fibrosis» Add ‘pulmonary’ fibrosis or similar to denote lung tissue.

Instead of «old tuberculosis», rather use – tuberculosis sequellae.

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.

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:


Figures

Two figures are included but the legends are missing.

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.

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.

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare no conflict of interest.