Reviewer’s report

Title: Multiple ring-enhancing cerebral lesions in systemic lupus erythematosus

Version: 2 Date: 20 February 2012

Reviewer: Rachel Jones

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Comments to authors:

Has the case been reported coherently?

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Please respond to this and the following questions, elaborating in the free-text box below if necessary.

- 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- it highlights the infectious complications of immunosuppression and adds to the body of literature

Is the case report persuasive?

- Not very- the authors argue the need for high dose steroids in cases of neuro TB however do not provide details of the regimen or rationale or details of the
anti-TB therapies used.

Does the case report have explanatory value?
- Yes

-Does the case report have diagnostic value?
- No

Will the case report make a difference to clinical practice?
- Potentially – if the treatment regimen was made clearer in the text

Is the anonymity of the patient protected?
- Yes

- General comments

This case highlights a case of CNS TB in the context of immunosuppression for SLE. This is not unique but it does add to a body of literature. It is reasonably well written although some details are lacking.

- Revisions necessary for publication

The focus of this case, as indicated in the title is the development of an atypical CNS infection- TB meningitis and tuberculoma in an immunosuppressed patients with SLE- however detail regarding the immunosuppression history and lupus history and subsequent management of the lupus is lacking, it would be useful to provide these details to understand cumulative immunosuppressive load as well as any issues with SLE management. The authors argue that their use of prolonged high dose steroids was benefical for the CNS TB, but did not provide detail of the regimen used or rationale. Nor were details of the anti TB regimen provided. Again these details are important. A little more detail on the social and contact history would help put this case into context.

Given the lack of microbiological confirmation of the diagnosis were further repeat brain scans planned to confirm continued resolution of lesions? And how extensively was the patient screened for TB- e.g. was a CT chest/abdomen performed, were urine cultures performed. Were serial CSF samples taken? How was the hepatomegaly explained?

erythematous spelt erythematosis
Quality of written English: Acceptable

Declaration of competing interests:

I am currently on secondment from the University of Cambridge to GlaxoSmithKline.