Reviewer's report

Title: Hepatic tuberculosis presenting with extremely high serum ferritin masquerading as adult onset Still's disease : A Case report

Version: 3 Date: 3 March 2012

Reviewer: Teresa Ferrari

Which of the following 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?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

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:

1) General comments:

The paper describes a rare case of a patient with hepatic tuberculosis presenting with extremely high serum ferritin levels. Initial evaluation was negative for infections, and the patient's clinical condition got worse quickly. In this context, and considering the high ferritin levels along with the fact that the patient fulfilled the Yamaguchi’s criteria for the diagnosis of adult onset Still's disease, the authors decided to treat the patient for this condition. He died in a few days. After death, Mycobacterium tuberculosis has been isolated from the culture of the liver biopsy.

The case is well described and is followed by a good discussion of the key issues
related to it. I recommend the acceptance of the manuscript, but there are some aspects that the authors should address.

2) Revisions necessary for publication:

To prevent readers from getting the idea that fulfillment of the Yamaguchi's criteria is sufficient by itself to establish the diagnosis of adult onset Still's disease, the authors should emphasize in the discussion (3rd paragraph of the section Discussion) that it is important to exclude the presence of other entities (infections, malignancies, rheumatic diseases and certain drug reactions) that can mimic Still's disease and even meet the Yamaguchi's criteria.

Yamaguchi and colleagues reinforce this aspect in their original publication; and, in the present case report, the authors have done this – ruled out, as far as possible, another diagnosis.

3) Minor questions for publication:

How the authors explained the very high respiratory rate (46/min) at admission? If persistent, it could be a sign of sepsis.

The reader is left wondering whether autopsy was performed. This would ascertain the involvement of other organs by tuberculosis.

4) Minor issues not for publication:

The patient's activated partial thromboplastin time (aPTT or PTT) and the prothrombin (PT), in seconds, should be reported along with the PTT and PT obtained from control (normal) plasma. Alternatively, PT may be expressed as the International Normalized Ratio or INR.

The authors should provide the upper normal value of the hepatic enzymes.

Non-standard abbreviations should be preceded by the full term in their first use.

The writing needs some corrections.

The anonymity of the patient is protected, but I think the stripe that covers the patient's eyes should be slightly larger.

Figure 2 - chest X-rays - seems unnecessary.

The abbreviation PUO must be placed in full in the footnote of the table.

The references need to be standardized (especially titles of journals).

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**
I declare that I have no competing interests.