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: 8 March 2012

Reviewer: Ian Clifton

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?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is a well written case report that highlights and very unusual presentation of hepatic tuberculosis manifesting as Adult Onset Still's Disease. There are a number of minor language/gramatical issues.

Ensure "adult onset still's disease" is capitalised throughout consistently

Ensure "mycobacterium tuberculosis" should be "Mycobacterium tuberculosis" and italicised throughout consistently. After first use should then be "M. tuberculosis" in italics.

Abstract

line 7 - "Sri Lankan man admitted" - "Sri Lankan man was admitted"
Case presentation

"He was a teetotaler and a non smoker." - would suggest "He did not consume alcohol and was a non-smoker".

Discussion

"However extremely high levels (> 10000ng/ml) which is considered even as a marker in the diagnosis of AOSD, were rarely reported [14, 15, Table 01]." - I would reword this sentence as It is not entirely clear. I would suggest putting the criteria of Yamaguchi into a table to make it easier to read.

I would also wonder if it would be worth reflecting on whether the patient should have been considered for a trial of TB therapy alongside his immune-suppression with corticosteroids, particularly in view of his rapidly deteriorating status, the high incidence of TB within Sri Lanka and the possibility for corticosteroids to exacerbate TB infection.

From the case report it would appear we were dealing with either a rare disease (AOSD) or a rare presentation of a common disease (TB).

At the time of steroid administration i don't feel that TB had not been absolutely excluded on the cultures and although his mantoux was negative we can find false negatives in patients with immune compromise. This therefore raises a question about whether he was immune-competent as the authors suggest. Presumably he had a degree of immune dysfunction due to Administration of TB therapy would have required the administration of a higher dose of steroid due to the interaction with rifampicin, but I think would have been worth considering. If it was considered then it would be worth providing an explanation as to why it was not administered. There may be valid reasons such as the concern of further liver toxicity.

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

Declaration of competing interests:

Nil