Reviewer's report

**Title:** Disseminated Mycobacterium bolletii infection in a patient with idiopathic CD4+ T-lymphocytopenia

**Version:** 1  **Date:** 1 February 2012

**Reviewer:** Rafael Duarte

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?: 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:

# Comments and Questions:
- General Aspects
  1) The manuscript contains adequate English usage and would benefit from review by an English speaking colleague for final improvement.
  2) The name “Mycobacterium bolletii” must be updated according to recent taxonomic changes published by Leão et al., 2011 and accepted by “List of Prokaryotic names with Standing in Nomenclature” (Euzéby). The name must be reviewed in the whole text.
  3) Citation and References must be criteriously updated.
  4) Pages 11 and 12 – Blank
- Abstract
5) The abbreviation ICL should first be placed beside the first citation of “Idiopathic CD4+ T-lymphocytopenia”.

- Keywords
6) The order of keywords should be “CD4+ T-lymphocytopenia, rapidly growing mycobacteria, disseminated infection, Mycobacterium bolletii, clarithromycin”.

- Introduction
7) A complete description of epidemiology and physiopathology of ICL must be presented.

- Case presentation
8) Description of initial symptoms and clinical signals before initial pulmonary diagnosis must be presented.

9) A better description of dates, results of clinical and laboratorial exams and period of symptoms must be presented where it is not clear. Quantification of time of coughing and weigh loss also must be included.

10) Improved description of dose of drugs and time of treatment must be presented.

11) The present clinical conditions of patient and time / dose of treatment must be clarified.

12) Other possible diseases associated to the case must be presented or regreted.

13) Were other opportunistic infectious diseases investigated?

- Discussion
14) The authors should avoid repetition of the term “As in our patient”.

15) A more deep scientific analysis of physiopathology of ICL and mycobacterial diseases should be presented. Why M. bolletii infection?

- Figure
16) A legend of image and radiographic marks should be included.

- Table
17) Criteria of interpretation of susceptible/ intermediate/resistance must be presented. Most of them can be seen in guideline published by Clinical Laboratory Standards Institute (2011).

Quality of written English: Acceptable
Declaration of competing interests:

I declare that I have no competing interests