Reviewer’s report

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

Version: 3 Date: 15 April 2012

Reviewer: Sylvia Leao

Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: No

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?: No

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:

The authors have answered the reviewers’ comments and the manuscript was changed accordingly. There is additional information about antimicrobial dose regimens and the clinical picture. The disseminated infection diagnosis was considered probable as no other microbiological confirmation apart from respiratory specimens was obtained.

The correction of the present denomination of this mycobacterium was requested by all reviewers and was accepted by the authors. Nevertheless in some paragraphs the name is still misspelled, as Mycobacterium abscessus subspecie (subsp.)bolleti or Mycobacterium abscessus subspecie subsp. bolletii, and should be corrected to Mycobacterium abscessus subsp. bolletii in the whole
The name of the mycobacterium should also be corrected in Figure and Table legends. The purpose of the white arrows in the Figure should be mentioned in the legend.

There are also language corrections to be made, as in the sentence "...a treatment that could be act against non tuberculous micobacteria" and others.

The three reviewers agreed that the reader would benefit from a more accurate discussion about the possible discrepancies in susceptibility testing results derived from the use of three different methods, two of them not yet approved for mycobacteria. The authors could include some comments on the interpretation of susceptibility tests performed by different methods and how they could have influenced the poor outcome of the mycobacterial infection in this patient, who is still in treatment after 3-4 years.

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

**Declaration of competing interests:**

I have no competing interests