Reviewer’s report

Title: Interferon-beta Induced Pulmonary Sarcoidosis in a 30-year-old Woman Treated for Multiple Sclerosis: a Case Report

Version: 1 Date: 19 February 2012

Reviewer: Spyros Papiris

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

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?: 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:

In the case report of Petousi N and Thomas EC the authors are presenting a patient who developed sarcoidosis after treatment with interferon beta for multiple sclerosis. The authors would like to highlight that sarcoidosis should be included in the differential diagnosis of pulmonary infiltrates in a patient treated with interferon.

The text is well written however the following revisions are suggested:

1. In the Introduction Section, paragraph 2, the references about sarcoidosis related to interferon alpha treatment should be stated.

2. In the Introduction Section, paragraph No 3 should be shortened because it is very well developed in the case presentation paragraph.
3. In the Introduction Section, the last paragraph should be omitted as it is a part of the discussion section.

4. In the Case presentation Section, data about the BAL of the bronchoscopy should be provided as well as a picture of the histopathology of the transbronchial biopsy. Data should also be provided about the tuberculin skin test of the patient, the cultures for acid fast bacilli. An explanation should be given why the patient diagnosed with sarcoidosis without dyspnea or systemic symptoms was treated with corticosteroids. Further data should be provided about the differential diagnosis of multiple sclerosis and neurosarcoidosis. A search at the www.pneumotox.com shows that both amitryptilline and omeprazole could be responsible for lung disease with pulmonary infiltrates. A comment on the potential drug toxicities in the lung should be made.

5. In the Discussion Section references should be provided in paragraph 3 and 4 about interferons and about the autoimmune processes related to interferon treatment. An additional paragraph should be written about the differential diagnosis of pulmonary infiltrates and lymphadenopathy in patients treated with interferon (e.g. BOOP-AFOP, interstitial lung disease with granulomatous component, infections).

6. A last comment concerns the use of the term “sarcoidosis” for the granulomatous reaction of the lung to interferon. In www.pneumotox.com the reaction is called interstitial lung disease with granulomatous component with or without mediastinal lymphadenopathy.

To conclude this is an interesting case report with clinical implication for patients receiving interferon treatment. However the authors should make some revisions to further ameliorate their work.

Quality of written English: Acceptable

Declaration of competing interests:

'I declare that I have no competing interests'