Reviewer's report

Title: A patient with hypereosinophilic syndrome with coagulation abnormality, who relapsed without eosinophilia: a case report

Version: 1 Date: 3 September 2011

Reviewer: Shinsaku Imashuku

Which of the following best describes what type of case report this is?: Other

If other, please specify:

The case might have been misdiagnosed. There are possibilities that actually the patient has had certain autoimmune disease with secondary eosinophilia. Particularly, IgG4-related systemic disease needs to be ruled out.

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?: No

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:

Nagao et al. report a case of HES with factor VIII deficiency; however, a question arises if the diagnosis of HES was correct. There are possibilities that actually the patient has had certain autoimmune disease with secondary eosinophilia. An abnormal clone for I-HES was proposed as increased subset of CD3-CD4+ cells, not simply as the existence of T-cell clonality in the patient’s T cells as shown by
Nagao et al. In terms of factor VIII deficiency, the authors did not elaborate how they tried to detect factor VIII inhibitor. Although data on ANA, anti-DNA, anti-Tg, anti-TPO, etc. were not shown, considering high serum IgG (>5000 mg/dl), possibility of acquired hemophilia still remains. Also, high serum IgG (>5000 mg/d) in association with high serum IgE (>600 IU/ml), renal damage and adenopathy may suggest that the patient in fact has had IgG4-related systemic disease. Eosinophilia and obliterative phlebitis are frequently observed features of IgG4-related disease. Rapid response to glucocorticoid may affirm such possibility. How was the serum level of IgG4 in this patient? It seems that cytokine analysis did not support the authors’ hypothesis on HES.

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

**Declaration of competing interests:**

I declare that I have no competing interests.