Reviewer's report

Title: Rheumatoid arthritis and primary biliary cirrhosis a rare association treated with rituximab: a case report

Version: 4 Date: 18 January 2013

Reviewer: Santos Castañeda

Which of the following best describes what type of case report this is?: New associations or variations in disease processes

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?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

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:

The patient described is a case of CBP and RA, association truly infrequent. The case here reported is insufficiently described and adds nothing new to what is already known in the literature. In addition, the reported association is not as exceptional, due to the prevalence of AR in PBC is up 5.6%, as the same authors recognize.

Case Report: The case is poorly described. Anti-mitochondrial antibodies (AMA) titers are so low for this disease. The serial determination of Ig levels may be an important point to determine the response to the treatment. It would be advisable to describe the histological findings of the biopsy and also if serologies of hepatitis virus B and C were performed.
The dose of MTX used for the treatment of RA is truly low. If they were afraid of the side effects, another DMARD as leflunomide or sulphasalazine could be probed. The response of CBP to RTX is not very favourable. Perhaps, the persistent alteration of the liver function tests may be due to concomitant use of MTX. For this reason, in this case, it would be interesting to know how were the baseline and evolutive levels of AMA and immunoglobulins.

The conclusion of the abstract is meaningless. The authors comment that RTX appears to have a role in the pathogenesis of RA and the CBP. Nevertheless, RTX is a treatment, not a pathogenic mechanism involved in the pathogenesis of these diseases.

The language needs a major revision if accepted.

References have a lot of errors. Sometimes they put 3 authors et al, other 6 et al. Sometimes they put the complete name of the authors, v. gr: reference 3: Caroline Caramella, Jerome Avouac, etc ... and so the 11 to the 15. There are many errors in the description of the references. Sometimes, authors write the volume number and the issue in parentheses, sometimes not. The names of the journals mentioned also contain frequent errors.

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

**Declaration of competing interests:**

I do not have competing interests relating to this paper.