Reviewer's report

Title: Spontaneous Splenic Rupture: Deciphering the Infectious Causes

Version: 1  Date: 28 June 2014

Reviewer: Thomas Martin

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

If other, please specify:

Diagnostic difficulty in a case of ASR

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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Reviewer comments:

Background

1. Presentation usually with LEFT, not right, upper quadrant tenderness.
2. No reference for common aetiologies
3. No reference for management options
4. Is vaccination required in cases of conservative management? Not clear in
5. Are the orloff-peskin criteria used in reality? If they are, does the case presented fulfill the definitions for ASR?
6. Background too long as introduction – brief background of relevance of ASR then present case then discuss is preferred.

Case
1. ‘The patient is employed a communications director’ – Correct English usage
2. Do patients ‘endorse’ high-risk sexual behaviours?
3. Examination findings – what region was the abdomen tender? Rebound tenderness? Peritonism? What does ‘significant abdominal tenderness’ mean?
4. Readers will not be familiar with grade of splenic rupture – what does grade III mean?
5. Please include comment on size of spleen.
6. ‘full infectious diseases work up’? What does this mean?
7. ‘followed closely by general surgery’? Is this required?
8. Explain EBV serologies in text
9. Caution with acronyms that readers may not be familiar with
10. Can you provide original CT scans?

Discussion
1. 1st paragraph – is the commentary on how well the case was managed informative to the reader?
2. 2nd paragraph - Does cat-scratch disease explain the patient’s symptoms? URTI, chills, coryza, sore, sore throat, cough and SOB? I think this may confuse readers.
3. 2nd paragraph – antibiotics are unproven in reducing duration of symptoms in B. henselae infection. They might reduce size of lymphadenopathy. Please consult infection treatment guidelines and reference.
4. Are there recent diagnostic guidelines? 1:128 is likely to be equivocal. Also as unchanged over 3 months does this show no recent infection?
5. Does this show assay interference? Reference. Could this be residual antibody from resolved infection years previously?
6. Was IgM antibody performed against B. henselae?
7. EBV history not mentioned in case report? 2 previous episodes of infectious mononucleosis? How were these diagnosed? Recurrent/reactivated EBV is rare – what evidence do we have in this lady?
8. Can you explain the serologies for EBV. Which of the antibodies tested would be expected to become positive first? What about EBV IgM?
9. Penultimate paragraph – there are NO clinical features to suggest CSD.
Absence of lymphadenopathy, absence of papule/pustule at inoculation site, endocarditis, retinitis, CNS findings.

10. The clinical presentation is more consistent with EBV – prominent pharyngitis 3 weeks prior to ASR, of which EBV is a common cause.

11. Failing EBV and CSD are there other potential explanations? Mycoplasma, q-fever, acute HIV (was PCR performed?), was CMV IgM performed?

12. Are infectious aetiologies rare with ASR? I think they account for over 25% of ASR.

Overall:
1. The paper is too long. The text needs to be more concise.
2. There are numerous unreferenced statements that are often factually incorrect
3. The structure of the paper makes it difficult to follow
4. The overall intention of the paper is unclear – is it a description of a rare cause of ASR (ie B. Henselae) or is it a description of a difficult diagnostic case? If the latter there needs to be a much clearer description of the approach to a patient with the symptoms and signs that this patient had combined with ASR.
5. The case description is lacking in details regarding the spleen – pathological specimens and radiological findings.

Level of interest: An article of limited interest

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