Reviewer's report

Title: Rare cause of resistant ascites in a renal transplant patient

Version: 2 Date: 25 July 2013

Reviewer: Peter Mount

Which of the following 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?: No

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?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is quite an interesting case of constrictive pericarditis occurring 6 years after kidney transplantation in a patient with a presumptive history of previous TB pericarditis. This has only been reported rarely in the past.

The title doesn't completely reflect the content of the report. A more accurate title would be "Constrictive pericarditis presenting as resistant ascites six years after kidney transplantation".

The English expression requires general improvement. For example, in the opening sentence of the introduction the words "as a" should be removed to read "Constrictive pericarditis is a rare post renal transplant complication".

The abbreviation "LJ" culture is not defined in the text.

The references for the previous 4 cases of CP after kidney transplantation should
be provided.
Did the patient have tuberculin skin testing or an interferon-gamma release assay at the time of presenting with constrictive pericarditis?
Do the authors believe the development of CP reflected ongoing active TB or the development of pericardial fibrosis that occurred despite previous effective treatment for TB pericarditis?

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

**Declaration of competing interests:**
Nothing to declare