Reviewer's report

Title: Association of laryngeal and nasopharyngeal tuberculosis: a case report.

Version: 2

Date: 4 November 2014

Reviewer: Rashmi Upadhyay

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Has the case been reported coherently?
Vague expression of symptoms and the other possibilities have not been effectively ruled out. Meaning thereby, a patient may have malignancy and an immunocompromised state, with superimposed tuberculosis. It may even be a non tuberculosis mycobacterial infection. It has not been ruled out by culture.

The informations provided are grossly incomplete. The language of the manuscript does not have a flow. It abruptly mentions some facts in the observation section and the discussion does not justify the subject of the article.

1. In the pre chemotherapeutic era, nasal and paranasal involvement and laryngeal involvement was a dreaded complication of pulmonary tuberculosis but things have changed in post chemotherapy era. Tuberculosis of nasal cavity was first described by Prof. G Morgagni, 1971. (Waldman SR, Levine HL, Sebek BA et al. Nasal tuberculosis a forgotten entity. Laryngoscope 1981; 91: 11-16)
2. Extrapulmonary tuberculosis is though on an increasing trend, laryngeal tuberculosis is not yet common as mentioned. The reference 1 quoted is not available.

3. In the observation section
   A. Kindly mention the immune status of patient
   B. Diabetic/non diabetic,
   C. Smoker for how long, Smoking index, pack years
   D. Whether allergic rhinitis, on steroid therapy
   E. Occupation
   F. Nasal symptoms if any

4. Why did hoarseness of voice require admission

5. Did the patient have lymphadenopathy

6. If possible give the nasofibroscopic view in image section to substantiate your findings

7. Second paragraph mentions emphysematous bubbles, it should be “EMPHYSEMATOUS BULLA”

8. Please specify and elaborate the nature of lesions. Specify number of biopsies and their site

9. In the image section kindly mark out the area of caseous necrosis

10. In the discussion 6 and 8 paragraph mention the types of lesions hence duplicacy in statements. What was the type in this case.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare that I have no competing interests