Reviewer’s report

Title: Crohn’s-like disease in a patient exposed to anti-Interleukin-17 blockade (Ixekizumab) for the treatment of chronic plaque psoriasis: a case report

Version: 0 Date: 20 Jul 2019

Reviewer: Lorenzo Bertani

Reviewer's report:

This case report is interesting, but must be described better. In particular, on page 4, the timeline is not clear:

- When steroids were started? After the index colonoscopy or after the second colonoscopy, two weeks later?

- How long after the starting of intravenous steroids infliximab was started?

- The phrase "Histopathology from his latest colonoscopy revealed no evidence of active or chronic injury in all segments that were sampled" is not clear... It refers to the second colonoscopy (two weeks after the first one) or to a new colonoscopy performed after the induction of Infliximab?

- How many infusions of Infliximab were performed? When psoriasis worsened? How long after the last Infliximab infusion Ustekinumab was started?

Moreover, it should be appreciable if an endoscopic follow up (specifying the timepoint) was described, in order to verify if Ustekinumab is effective in this particular case. However, if it is not available at the moment, I don't think that this information is necessary for publication of this case report, but at least a fecal calprotectin assessment must be performed in order to verify the disappearance of the intestinal inflammation.

Lastly, I think that a phrase encouraging the use of fecal calprotectin as a biomarker of intestinal inflammation during anti-IL-17 treatment in psoriasis patients must be included at the end of discussion. Data available at present suggest the possibility of the development of IBD during these treatments, and this biomarker is reliably, easy to perform and relatively cheap in diagnosis of IBD (Mumolo et al., "From bench to bedside: fecal calprotectin in inflammatory bowel diseases clinical setting", World Journal of Gastroenterology, 2018).

Are the methods appropriate and well described?
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