Reviewer’s report

Title: A rare case of Sweet Syndrome secondary to melioidosis

Version: 0 Date: 13 Jun 2019

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER ASSESSMENTS:

RELEVANCE - Does this case report make a contribution to medical knowledge, have educational value, or highlight the need for a change in clinical practice or diagnostic/prognostic approaches?
Yes, this report contributes to medical knowledge

CASE DESCRIPTION - Are the details of the case sufficiently well described to understand the patient's symptoms and course of treatment?
No - there are minor issues

DIAGNOSIS/INTERPRETATION - Based on the facts presented, are the diagnosis, interpretation, and course of treatment medically sound?
Yes, the work described is medically sound

DISCUSSION OF THE CASE - Does the discussion appropriately analyse the importance of the findings and their relevance to future understanding of disease processes, diagnosis or treatment? Has an adequate literature review pertinent to the case been included?
No - there are minor issues

OVERALL MANUSCRIPT POTENTIAL - Could an appropriately REVISED version of this work represent a technically sound contribution?
Probably - with minor revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: Overall impression is good. I made a few recommendations regarding the case description and interpretation for the authors to consider. This is certainly a novel case important to include in the literature.

REQUESTED REVISIONS:
Recommend adding normal ranges for laboratory parameters (ESR and CRP). Melioidosis is considered endemic in South East Asia and northern Australia but can say it is an emerging infection in Sri Lanka. No description is provided of how the range of clinical presentations is wider in immunocompromised patients. Nor is any description of the wide range of clinical presentations
provided. The authors bring up an additional important point regarding the treatment of Sweet syndrome patients in those cases caused by bacterial infections. In these cases, treatment using antibiotics alone is better than starting out with steroidal or other immunosuppressive drugs (which can be potentially harmful as well described by the authors). Recommend highlighting the importance of diagnosing the etiology of Sweet syndrome cases prior to treatment in the conclusion since melioidosis requires specific treatment options and because early steriodal treatment can be harmful in melioidosis patients. In the discussion, the authors say they suspected melioidosis, in part, due to the dermatological manifestations yet they also say that this is the first case of Sweet syndrome associated with the disease (these statements conflict with one another). Cutaneous melioidosis usually presents with single lesions and not the multiple lesions associated with this case's presentation which resulted from Sweet syndrome. Yes, the characteristic appearance of the skin lesions very much led to the diagnosis of Sweet syndrome. My impression is that when the case was worked up completely to include culturing of the lymph nodes, the authors were surprised to diagnose Burkholderia pseudomallei. Thus the basis for this paper.

ADDITIONAL REQUESTS/SUGGESTIONS:
Made suggestions in earlier section.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Quality of written English
Please indicate the quality of language in the manuscript:

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

This reviewer has been recruited by a partner organization, Research Square. Reviewers with declared or apparent competing interests are not utilized for these reviews. This reviewer has agreed to publication of their comments online under a Creative Commons Attribution License attributed to Research Square and was paid a small honorarium for completing the review within a specified timeframe. Honoraria for reviews such as this are paid regardless of the reviewer recommendation.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.