Reviewer’s report

Title: A rare case of Sweet Syndrome secondary to melioidosis

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Reviewer: David Allan Brett Dance

Reviewer's report:

This is a generally well written case report describing a patient with disseminated melioidosis in Sri Lanka with cutaneous and mucosal manifestations that are considered to be consistent with a diagnosis of Sweet's syndrome. As a clinical microbiologist I do not feel myself competent to confirm this diagnosis, although most of the manifestations could be due to disseminated foci of B. pseudomallei infection (except perhaps the oral lesions, which would be very uncommon), so I think that this diagnosis needs to be reviewed by a dermatologist or someone else who is more familiar with Sweet's syndrome than me. The bacteraemia in melioidosis can be low level and intermittent, so the negative blood cultures do not rule out multiple cutaneous foci.

As far as the text is concerned, I have relatively few suggestions.

1. It would be helpful to know to what extent the patient was investigated for other underlying conditions that predispose to melioidosis, such as diabetes mellitus or renal impairment.
2. The M in melioidosis does not need to be capitalised (or in tuberculosis, colchicine or acid-fast bacilli). The S in Sweet, however, should be capitalised throughout.
3. Burkholderia should be italicised on first use and then abbreviated thereafter.
4. Use 'GeneXpert'.
5. Abstract - is 'juicy' really the correct term?
6. Page 5 - I would change 'complicated with systemic manifestations' to 'a complication of dissemination to the skin'.
7. I would add at least one reference to the recent emergence of melioidosis as an important public health problem in Sri Lanka - there are a number of recent reviews that could be used.

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If not, please specify what is required in your comments to the authors.

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