Reviewer’s report

**Title:** Immune reconstitution inflammatory syndrome presenting as chylothorax in a patient with HIV and Mycobacterium tuberculosis coinfection: a case report

**Version:** 1  **Date:** 1 August 2010

**Reviewer:** Graeme Ayton Meintjes

**Reviewer’s report:**

**Major comments:**

This is an interesting case worth reporting as chylothorax due to TB-IRIS has not been described in the literature to my knowledge. The case report is strengthened by the clinical images presented.

**Minor comments:**

In the abstract the CD4 count should be stated.

In the abstract it should be clarified that the patient was diagnosed with TB, started TB treatment and later ART. This sequence clarifies that this was a case of paradoxical TB-IRIS.

In the background second line “The development of” should be deleted as the sentence makes more sense without these words.

On page 2 it is stated that there were “osteolytic lesions over sternum, vertebrae and ribs” on CT. Were these not “in” the sternum, vertebrae and ribs. Suggest change this.

It should be stated for how long corticosteroids were administered.

In the conclusion second line, it would be more appropriate to this case to state that paradoxical TB-IRIS has been observed in 8-43% of HIV-infected patients starting ART while on TB treatment. With a reference such as:


In the discussion it is important to state that chylous ascites has been described as a manifestation of MAC IRIS and MTB IRIS. See three references below:


It would be worth briefly stating the definition of chylothorax in the paper (ie. fluid triglyceride level used to define it).

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests