Author's response to reviews

Title: Chlamydia trachomatis antigens in enteroendocrine cells and macrophages of the small bowel in patients with severe irritable bowel syndrome

Authors:

Aldona Dlugosz (aldona.dlugosz@karolinska.se)
Hans Törnblom (hans.tornblom@karolinska.se)
Ghazaleh Mohammadian (ghazaleh.mohammadian-kermani.573@student.ki.se)
Gareth Morgan (gareth.morgan@ki.se)
Béla Veress (veress.bela@hotmail.com)
Benjamin Edvinsson (benjamin.edvinsson@smi.ki.se)
Gunnar Sandström (gunnar.sandstrom@smi.ki.se)
Greger Lindberg (greger.lindberg@ki.se)

Version: 3 Date: 27 January 2010

Author's response to reviews:

Many thanks for this interesting question. We think the reviewer means myenteric ganglionitis, since this is what we reported in 9/10 patients with IBS (the 10th patient had degenerative neuropathy) in our earlier paper (ref #5). Although we think that the confirmation or validation of our previous study is beyond the scope of the present study, the comparison alluded to by the reviewer can in fact be deduced from the data given in Methods. The sample used in the present study also included the biopsies from the 10 patients reported in ref #5. As stated in methods, "previous histopathological analyses had revealed neuropathic changes" in 58/60 patients, whereas 2 patients had isolated alpha-actin deficiency. Lymfocytic ganglionitis (LG) was observed in 46 (37 new + 9 from study #5) patients and 20 (16+4) of these had lymphocytic epithelioganglionitis (LEG) whereas 12 (11+1) patients had degenerative neuropathy without inflammation. Thus, new patients showed a distribution of ganglionic pathologies that was similar to the distribution seen in our earlier study. This means that the findings in our new patients confirm the findings in our previous report. To some extent, this has already been discussed in our publication in Gut (ref #17) and we have therefore not made any changes to our current manuscript.