Reviewer’s report

Title: Caustic ingestion in adults: The role of age in predicting outcome

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Reviewer: Sandro Contini

Reviewer’s report:

This paper concerns the influence of age on the outcome of patients complaining caustic ingestion. The answer is rather obvious: aged patients have a poorer clinical outcome due to systemic complications, without any influence of the endoscopic severity of injury on the survival. As the authors underline, systemic comorbidities play certainly a role in increasing complications, mainly respiratory. Though the authors take into consideration the reasons for ingestion (accidental or suicide), it is not specified the clinical outcome after a suicide attempts. Severe mucosal damage (grade 3), complications and death after ingestion are much commoner after suicide ingestion than after accidental, where the main complication is esophageal stricture, whose monitoring requires months, while the follow-up is rather short in this paper. Therefore, it would be nice to have a more detailed description of the outcome after grade 3 lesion, which should be more prone to complications. Obviously in grade 1 and 2 complications are consequences of already present comorbidities more than of the caustic injury itself. In spite of the fact that the conclusions are clearly supported by the data, with a thorough statistical analysis, the data reported do not seem to be clinically relevant and are already known in clinical practice: aged patients, with comorbidities, usually have complicated clinical performances.

More specifically,

• English style should be improved,

• In Background, the phrase "appropriate timing of EGD is still under debate[2-8]" is not correct. As the authors point out later, there is a definite timing and risk in performing endoscopic examination, well recognized in the literature

• In Background, the phrase “The increase in the proportion of elderly in the population has become a major health problem in the 21st century. In Taiwan, the percentage of the population over 65 years old has increased from approximately 8.2% in 1998 to 10.4% in 2008.[11] From WHO data, in 2000, there were 600 million people over the age of 60, and there will be 1.2 billion by 2025” is superfluous and should be eliminated.

• In Methods there is a poor description of the immediate management and several statements could be questioned (why chest x ray only when aspiration pneumonia was suspected? The results of antiacid therapy are not the same with PPI, H2 antagonist and sucralfate gel, etc)
• The definitions of systemic and upper GI complications should be included in Methods and not in the Results

• How is aspiration pneumonia defined? Respiratory complications may occur not only for aspiration, especially in the elderly patients.

• The incidence of strictures reported is rather low, that means likely low incidence of ingestion of highly corrosive substances. This arises two questions
  o Is adequate the follow up for strictures?
  o Are the complications consequences of comorbidities more than of the ingestion itself?
  o The delay of admission to hospital after ingestion, which can play a role in the clinical outcome, is not taken into consideration.

• Page 11, 5th line from below: Kaplan-Meyer instead of Kaplan-Miere

• As the authors declare, “when the elderly suffer from caustic injury, the respiratory system must be carefully supported with particular care to prevent aspiration. If infection is suspected, empiric antibiotics must be given as soon as possible.” In this setting, why not consider the use of antibiotic prophylaxis? Moreover, what does it mean “as soon as possible”?

• Table 1 is superfluous

• Table 3: 63 patients were submitted to a surgical procedure (operation). What kind of procedure has been performed?

Level of interest: An article of limited interest

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests