Reviewer's report

**Title:** Accuracy of endoscopic diagnosis of Helicobacter pylori infection according to level of endoscopic experience and the effect of training.

**Version:** 1  **Date:** 19 May 2013

**Reviewer:** Fadi Rzouq

**Reviewer's report:**

The study is well designed and performed. However, major compulsory revisions need to be considered by the authors:

1. The authors excluded patients with renal and heart failure but we don’t know how they defined that. Is it any patient with elevated creatinine more than normal (even stage 1 CKD) or any patient with less than normal EF was excluded or that was based on electronic problem list? If this is the former (abnormal creatinine or ejection fraction), this excluded a great deal of patients undergoing endoscopy and if this is the later (electronic problem list), this represents a limitation that needs to be mentioned in the limitation section in discussion (as these problem lists could be inaccurate).

2. The authors classified patients based on serology, histology, and UBT into three categories: infected, uninfected, and eradicated. We need to know what the protocol was for that. In other words, if patient had a +ve UBT and a –ve histologic examination, was that considered infected or not or vise versa? We need to know the test results in the 28 patients who were infected and the other categories too? That will be of paramount importance for the audience.

3. We don’t know that status or proton pump inhibitor use among all categories? This is important because this affects test results (increase the false negativity for UBT and possibly histology) and could also affect the endoscopic findings. I think that should be reported in a table and mentioned in the discussion if the authors have this. If they don’t have the data, this should be part mentioned in the limitations and discussed there.

4. What is the clinical significance of the study? The authors should state what they suggest clinically in the discussion part. Do they suggest that biopsies are not needed when endoscopic findings suggest uninfected status? Are they not able to make this conclusion pending more data accumulation and universal acceptance of the endoscopic findings and this is just an interim study to improve our knowledge about endoscopic diagnosis of H pylori infection? If that is the case, they should state that as is.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable
**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

No competing interests at all.