Author's response to reviews

Title: Endoscopic findings in uninvestigated dyspepsia

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Version: 2 Date: 21 August 2013

Author's response to reviews: see over
The “test and treat” strategy for the city of São Paulo was better discussed in the text.

In Discussion: paragraph 11:

This high prevalence of infection associated with the low availability of non-invasive tests for its detection prevent the use of the proposed approach of test and treat strategy for undiagnosed dyspepsia. H. pylori eradication treatment is always high cost and complex, with limited efficiency of 88% [33]. The number of cases of functional dyspepsia responsive to treatment is low [34], as only 50% of ulcer patients attain symptom resolution [35, 36], whereas the symptoms of patients with reflux disease do not improve with treatment [37]. Therefore, the test and treat strategy may not be adequate for developing countries, which usually have very high prevalence of H. pylori infection and low level of resources for health care. Empirical treatment for young patients without alarm signs may be the possible approach for undiagnosed dyspepsia in our country.

A discussion of the alarm signs designated for this work was presented in the text.

In Discussion: paragraph 3:

In this study, older age, mass or lymphadenopathy and family history of upper gastrointestinal cancer were not included as alarm features. In Brazil there is no consensus on this matter and the AGA guidelines are usually followed [16]. In our sample, all patients with malignancy were older than 55 years, but considering the finding of organic dyspepsia (reflux disease, peptic ulcer and malignancy) our study suggests the age of 48 as indicative of alarm symptom. Frequent vomiting was not considered an alarm symptom, as it was disregarded when reported as a chief complaint in dyspeptic syndrome and thus, it is unlikely that this symptom, when present for at least three months, will not result in weight loss. The presence of adenopathy or abdominal tumor changes the diagnosis of undiagnosed dyspepsia into undiagnosed adenopathy or tumor and in these cases, the best approach requires imaging assessment and not an esophagastroduodenoscopy. Family history of upper gastrointestinal cancer is a type of information that is difficult to obtain, when patients know the cause of the disease, they cannot provide information on its type and precise location.

The validation of the Leeds Dyspepsia Questionnaire was held in our service, when a study of H. pylori prevalence in our service was held in 2001. However the results of the work were not published. We are organizing to conduct a new survey on the H. pylori prevalence in our service and compare it with the previous study, during which we also intend to publish a validating that questionnaire. To tell the truth, we are attaching the approval of the Ethics committee for the work, his record in the Research Register and the list of patients included in the study.

In attaching files:
According to your suggestion, we reviewed the statistical analysis, considering only patients who underwent endoscopy and pointed out the cause of the exclusion of other patients.

In tables (I – VI).

The redundant text: “that did not require referral to specialists first.” was deleted, according your suggestion.

In Methods: First paragraph:

This prospective observational study was carried out in a tertiary hospital, which provides open-access service to endoscopy.