Reviewer's report

Title: The diagnostic value of endoscopy and Helicobacter pylori tests for peptic ulcer patients in late post-treatment setting

Version: Date: 26 August 2004

Reviewer: Deng-Chyang Wu

Reviewer’s report:

This paper focused on comparison of different methods to detect H. pylori, especially assessing the post-treatment status in symptomatic patients and tried to evaluate the endoscopic and histologic changes after H. pylori eradication.

Major Compulsory Revisions:

1. In page 4, the patient group was observed at 4 weeks, and thereafter one year and 5 years after treatment (127, 107 and 81 patients, respectively). That means 7 patients received post-treatment Hp evaluation after 1 year or 5 years. So, what is the definition of successful eradication? As time past, Hp could be re-infected or recrudesced during 5-year period. Of course, the aim of this paper focuses on detecting Hp with different methods. But detecting scanty Hp at 4 weeks and large amount Hp after 1 year with different methods and compared their accuracy, not a good way to do this.

2. Since recent proton pump inhibitor use leads to false negative UBT result. It’s necessary that author describe the percentage of patients underwent Hp exams during proton pump inhibitor use and the duration of cessation of proton pump inhibitor use and evaluation of residual Hp infection.

3. In page 6, since the specimens from the antrum and corpus mucosa used for imprinting the cytology slides were the same with those used for culture, how do you explain the obvious difference between the cytology (24% positive) and culture (100% positive) results in UBT(+) cases?

4. The aim of this paper is to compare invasive and non-invasive methods for the detection of Hp in late post-treatment patients. Unfortunately, these can not be showed clearly in the result section and table 1. Please adjust this problem.

5. In page 10 line 12, since the histologic finding of Hp completely correlated with the result of 13C-UBT, it was irrelevant with following sentence “Thus, endoscopy and gastric mucosal biopsy remain the best available methods...”.

6. In discussion section, our readers can’t easily find the crucial answer from the endpoint of this paper. Moreover, further discussion was relatively irrelevant to the result, though the author tried to address that the visual evaluation of mucosa did not well correlate with Hp infection.

7. In page 5, author diagnosed GU and DU, different with traditional definition? Could you explain this and provide reference?

8. In page 5, the author performed E-test for clarithromycin, not for amoxicillin and metronidazole which were main antibiotics used to treat these patients in this study (as shown in Line 5 Page 4).

9. In page 7, the endoscopic finding of these 34 patients were 6 patients with duodenal mucosa erosion and 4 peptic ulcer in line 9. However, in line 16, the author showed 6 patients with gastric mucosa erosions.

Generally speaking, the result, discussion and conclusion part can not meet the aim of this paper. Secondly, this study lacks a good study design.
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable

Statistical review: No