Reviewer's report

Title: Gastroenterologic Profile Of Extrapulmonary Tuberculosis With Different Faces

Version: 1 Date: 21 April 2005

Reviewer: Gary Maartens

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General
Title should contain the phrase abdominal tuberculosis – eg “Clinical presentation of abdominal tuberculosis in HIV seronegative adults”

Methods
The term “extra-pulmonary TB cases with related gastrointestinal involvement” is frequently used, but is inaccurate – some cases had peritoneal TB, so the term abdominal TB should be used throughout. Also extrapulmonary TB is too vague – all in the cohort had abdominal TB, which is a subset of extrapulmonary TB.
The 5 groups seem a bit arbitrary (by the way the numbers in each group belong in the results, not the methods). What about patients with non-surgical abdominal pain (the term non-surgical is best avoided – non-specific abdominal pain would be better) & less prominent alteration in bowel habit? Group 3 should rather be called “alteration in bowel habit” than IBD
Tuberculin skin test (presumably Mantoux – this should be specified) is more accurate than the term PPD
What method was used for PCR?
I am not familiar with the terms “club sandwich or sliced bread signs” under abdominal US – these should be referenced with a brief explanatory note
The investigations on respiratory tract were presumably done on patients with chest radiographs suggesting pulmonary TB – this should be specified.
Definitive diagnosis “show AFB microbiologically” – specify whether this is culture or on microscopy – for definitive diagnosis should be culture as AFB on microscopy could be non-tuberculous mycobacteria. Was PCR regarded as definitive (should not be in my view, unless it is a test validated for smear negative TB)?

Results
Would be useful to know how many patients had normal ESR or CRP

Tables
Table 1.
The duration of symptoms should be given as median plus interquartile range (or mean + sd if distribution is parametric). Personal history for TB presumably means previous history of TB.
Table 2.
The figures in brackets for ESR, CRP, WBC, Hct & Hb are presumably ranges – should be median plus interquartile range (or mean + sd if distribution is parametric)
Under chest x-ray “sequela lesion” presumably refers to lesion consistent with prior TB
“Abdominal US” should read “Abdominal US abnormality”
Table 3
As for other tables, data for age, disease duration, temperature (preferred to the term fever) & response to therapy should be median plus interquartile range (or mean + sd if distribution is parametric)
Exitus presumably means death, which is the term that should be used
What does P refer to in the last column?

Table 4
As for other tables, data for WBC, ESR, PPD should be median plus interquartile range (or mean +
sd if distribution is parametric)
What does P refer to in the last column?

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Major Compulsory Revisions (that the author must respond to before a decision on publication can
be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the
author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)