Reviewer's report

Title: Pulmonary Melioidosis in Cambodia: a Prospective Study

Version: 1 Date: 6 February 2011

Reviewer: Bart Currie

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Major Revisions

1. The antimicrobial sensitivity data is problematic. Disc diffusion is recognised as inadequate for B. pseudomallei and there are quite a few publications on this issue. The authors provide no details of how they interpreted disc diffusion results for each of the antibiotics. They state that the finding of substantial amox/clav resistance was a major result of this study and the table also says nearly all isolates were sensitive to quinolones. Literature from other studies, including from neighbouring Thailand make both these findings doubtful. Unless formal MICs (with breakpoints provided) were performed, the antimicrobial results and Table should be removed and the amoxy/clav results not stated as a major finding in the Discussion.

2. However the cotrimoxazole results were from E test and so can still be included. Furthermore, the disparity between disc diffusion and E test for cotrimoxazole is also well covered in the B. pseudomallei literature and I suggest the authors note the (false) disc diffusion results that they obtained in comparison to the (correct) E test results. In addition, as it is noted on E Test that up to 15% of B. pseudomallei strains in Thailand have primary resistance to cotrimoxazole, the findings here that on E Test all the Cambodian strains were sensitive is an important difference. This difference between Thailand and the Camodian data here needs brief discussion as it has implications for therapy.

3. The major conclusion of this study must be that the very high mortality seen reflects both diagnostic issues but, equally importantly, the non availability of ceftazidime for treatment of presumed or confirmed melioidosis in Cambodia. The high mortality in the context of a lack of ceftazidime needs noting specifically in the abstract and at the beginning of Discussion (as a major finding) and in the concluding remarks at the end of the Discussion. Ref 8 (White Lancet 1989) needs repeated referencing at the end of the Discussion at least.

4. Further discussion on making ceftazidime available is required in the context of decreasing costs of that drug and the potential fro generic ceftazidime to be impoted from Thailand, where it is now manufactured.

Minor Revisions

1. In the context of the final statement on improved diagnosis using Ashdown broth, a more recent reference from the Thai or Australian literature could replace the current ref 26.
2. In the Introduction and Discussion, the clinical findings and mortality and access to therapy issues could be better discussed by comparing to the 2 latest publications on similar data from Thailand and Australia.


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

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'