Author's response to reviews

Title: Oesophageal Varices, Schistosomiasis, and Mortality among Patients Admitted with Haematemesis in Mwanza, Tanzania: a Prospective Cohort Study

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Version: 2
Date: 25 March 2014

Author's response to reviews: see over
24 March 2014

RE: Manuscript #1419048916105195

Dear Drs. Harris and Talbot,

We thank BMC Infectious Diseases for the favorable review of our manuscript. We respond to the reviewers’ comments below. We have made changes in the manuscript. We have also proofread the manuscript for correct English grammar, as suggested.

Reviewer 1

• Given the high prevalence of hepatitis B in the region, it would be of interest to further discriminate the underlying cause of portal hypertension in cirrhosis related to hepatitis B, schistosomiasis or a combination of both. We agree that it would be of interest to further discriminate the underlying liver disease in the 11 patients who had both Hepatitis B and schistosomiasis. This was not possible in our resource-limited setting because liver biopsies or additional Hepatitis B investigations are not available. This has now been mentioned as a limitation in the Discussion section.

• Discussion, first page, last paragraph (“…it is essential…”) : the mentioned numbers are probably to high, since almost all of the data is from patients with oesophageal bleeding due to liver cirrhosis. Most of the patients die from complications of cirrhosis and not from the bleeding itself. This should be discussed. Thank you for this helpful comment. We now discuss these studies more in-depth on page 13, and focus more on mortality associated with the acute episode of bleeding. As suggested, we now note that patients in our setting do have less cirrhosis but often present later for care and have fewer treatment options available.

• Did the patients give informed consent to take part in the study? Yes, patients or their legal surrogates provided written informed consent to take part in the study. This is written under the section entitled “Ethical Issues” on page 8.

Reviewer 2

MAJOR REVISION
1) The authors was aimed to determine UGIB etiologies (see the end of introduction). As you can see in figure, esophageal varices was the first cause of
UGIB. However, hematemesis is only one of the clinical manifestations of UGIB (other than melaena or coffee ground vomiting). Enrolling only patients with hematemesis could select more patients with esophageal varices) leading to a selection bias.

We agree that enrolling patients with hematemesis only could lead to a selection bias. We chose to limit our study population to these patients in order to ensure that only patients with upper gastrointestinal bleeding were enrolled. We were concerned that melena and coffee-ground emesis would be less specific for upper gastrointestinal bleeding. This has been mentioned as a limitation in the discussion section.

MINOR REVISIONS
1) English language should be revised
With the help of several native English speakers, we have now improved the English language in this manuscript. We proofread the article for any English language grammatical errors.

2) the authors could also evaluate the association between cardiovascular features (such as blood pressure, pulse, orthostatic change) or the need of blood transfusion and the presence of esophageal varices.

Thank you for this comment. We did evaluate the association between mean arterial pressure and pulse and esophageal varices. The association between MAP was significant and this was included in Table 2. The association between pulse and esophageal varices was not significant. We have added this to Table 2. We chose not to evaluate the number of units of blood transfused because our objective was to identify baseline factors, present at the time of admission that predicted varices.

4) Statistics: the authors applied a regression logistic model (see abstract) but they did not mention it (see data analysis paragraph)

The logistic regression model is now discussed in detail in the Methodology section under the section entitled, “Data Analysis” (p. 7-8). We now mention this on p.10 as well: “Factors significantly associated with variceal bleeding on univariable logistic regression analysis included…”

5) The authors assessed splenomegaly by a clinical examination. However, they should carefully assess it by ultrasound examination.

Thank you for this comment. Clinically-detected splenomegaly was confirmed by ultrasound examination. This is now clarified in the text on page 9.

6) How are the endoscopical feautures of uremic syndrome ? (see figure)

Thank you for this good point. We diagnosed uremic syndrome in one patient who had normal endoscopic findings and a blood urea nitrogen level of 1282 g/dl. We have now clarified in the title of the figure that this refers to “Endoscopically and/or Medically-Confirmed Diagnoses…”
Thank you again for the review of our manuscript. We will be happy to answer any additional questions as needed.

Kind regards,

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