Reviewer's report

Title: Pulmonary Tuberculous: Symptoms, diagnosis and treatment. 19-year experience in a third level pediatric hospital

Version: 2 Date: 2 January 2014

Reviewer: pierre goussard

Reviewer's report:

Dear Authors

Saldana et al presents an interesting article on tuberculosis in Mexico. However there are some serious concerns in this paper.

Major Compulsory Revisions

Before accepting this article some serious issues have to be addressed. The question what the authors is asking in this paper is not clear. They describe it as `to know the real situation of PTB in the population of children. This needs to be rewritten and better clarified. They have chosen a population from 0 to 18 years and we know that PTBb presents very different in this large age range and this needs to be addressed. Comparisons is made between definitive and probable TB as well as radiological and culture findings but no stats is done to show if this is significant. This needs to be done to make this article of value. This is a retrospective article and although it may be of value to the Mexico area it adds not a lot of new information. The authors must include the limitations of this research.

Abstract

1. 57(65.5%) had bacteriological conformation and the later on 24/79 (30.4%) were culture positive. This is confusing.
2. BAAR is used but not written out what it means
3. One patient died but in under results section has 3 died.
4. Conclusions based on no data

Background

1. The role of HIV should be mention in the high incidence of PTB in the developing world.
2. The incidence of HIV in Mexico should be discussed

Methods

1. The authors did not describe what type of study this was and how were the patients identified and what date they have recorded
2. Statistical analyzed mention under methods but not use in article
3. Mediastinal lymph nodes are recorded but not specified which ones.
4. Describe what is bacilloscopy and what is meant by bacteriological conformation and culture conformation. It is perhaps better to talk about ZN positivity.

Results

1. Total of 1601 patients were found with TB. Is unclear if they are all under 18 years. And if so what form of TB do they then have if only 87 has PTB.
2. 98.9% had an epidemiological with identification of 41.9% positive cases. This is confusing and this contact rate is much higher than previous report. The authors must explain what the reasons for this are.
3. No information about the weight is provided or z scores
4. The radiological findings must be described in more detail. What is meant with consolidation is it lobar segmental or bronchopneumonia and which lymph node groups is involved and is there any airway compression
5. Sputum had a higher yield than gastric lavage. But this must be use accordingly to age because a child of 18 y is not going to have a gastric lavage done and the chance for being ZN positive is must higher in older children with cavities. The investigations for culture must be reported accordingly to age to make it relevant. Most young children are not ZN positive due to pauci bacilli.
6. The comparisons between definitive and probable TB must be done statistically to be of value.
7. How many patients was ZN positive And how many children was ZN positive and culture positive according age.

Discussions

1. Explain what the other forms of TB is if only 5% is PTB and why so little PTB versus the other forms of TB
2. Tendency for greater number of cultures in patients with history BCG. This is an statement with significant consequences . But no stats are provided and this must be corrected.
3. The authors must refer to the article of Marais et al on symptoms, chronic cough and diagnosis
4. Hemoptysis is mostly only seen in children with cavities and thus in older patients. Authors must describe the radiological findings in the children that had hemoptysis.
5. The statement: It has been identified that the presence of fever and cough of 2 or more weeks, plus a positive PPD of 10 or more millimeters, have a positive predictive value of 73% with a sensitivity of 44% for tuberculosis confirmed by culture., must be referenced

Conclusions

Does not refer to any of the findings of the research and has to be redone.
Tables
1. Table one and two can be included in table 4
2. Table 3. Definitive TB vs. Probable TB. No stats done on this
3. Table 4. No stats done on this table

Level of interest: An article of limited interest

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I Pierre Goussard declare that i have no competing interested