Reviewer’s report

Title: Echinococcal disease in Alberta, Canada: more than a calcified opacity

Version: 1 Date: 29 March 2005

Reviewer: Calum Macpherson

Reviewer’s report:

General

1. Is the question posed by the authors new and well defined? It is okay
2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? There are some deficiencies, for example use of other imaging techniques than just x-ray, such as CT and MRI and ultrasound, where appropriate, would have provided more information on the cyst condition, which is not clearly defined in the paper.
3. Are the data sound and well controlled? Yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes
6. Do the title and abstract accurately convey what has been found? Yes
7. Is the writing acceptable? Yes

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

1) Page 10 last paragraph The statement that there are no radiological features to distinguish E. granulosus from E. multilocularis is incorrect. MRI, CT and ultrasound can distinguish most types of CE from alveolar echinococcosis (AE). I recommend that the authors review some recent papers on for example ultrasound and diagnosis (for eg: Macpherson, C.N.L. Bartholomot, B. and Frider, B. (2003). Application of ultrasound in diagnosis, treatment, epidemiology, public health and control of Echinococcus granulosus and E. multilocularis. In: Craig, P.S. nad McManus, D.P. (Eds), Echinococcosis: transmission biology and epidemiology. Parasitology, 127: S21-S35). Also the paper would have far more value if the types of CE cyst seen was recorded. For this the authors should review the WHO standardised US classification ..WHO Informal Working Group on Echinococcosis (2003). International classification of ultrasound images in cystic echinococcosis for application in clinical and field epidemiological settings. Acta Tropica, 85, 253-261. It would be of great interest to see how the sylvatic forms compare with the pastoral types found in other parts of the world.

2) Data in the tables needs to be checked carefully as the figures do not add up.

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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)

1) In abstract line 3 from top .. replace Echinococcus multilocularis with the pastoral form of E. granulosus.

2) In background 2nd paragraph cystic echinococcosis (CE) is no longer a problem in New Zealand but is found in China ... perhaps a more up to date reference would be useful here?

3) Under methods second paragraph remove the word oncospheres as these are never found in cysts - they are the organism which gives rise to the cyst.

4) End of the first paragraph in the discussion .... it is contact with definitive hosts which is more important - contact with intermediate hosts is not relevant to transmission of the disease to humans.


Discretionary Revisions (which the author can choose to ignore)