Author's response to reviews

Title: Abdominal Ultrasonography in HIV/AIDS Patients in Southwestern Nigeria

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Author's response to reviews: see over
Cover letter of revised manuscript

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Page 1

Introduction

Final paragraph:

“West African” has been added to the word ‘sub-region’
“the review of the literature” has been deleted.

Page 2

Patients and Methods

Line 2 “consecutive eligible” added to sentence
Line 9 “ultrasound” and “were” added to sentence
Line 11 the statement “the inter-observer agreement was good” has been deleted.
Line 12 paragraph rephrased to read “The ultrasound scans was performed after an overnight fast of at least 12 hours with patients lying supine and using a 3.5-5.0 MHz frequency curvilinear probe on an ALOKA 1700-S SD ultrasound machine. Non-fasted patients, children, and patients with incomplete ultrasound examinations were excluded from the study. All sonographic examinations were performed by two radiologists”.

Line 18 the statement “The extrahepatic bile duct was identified at the level of the portal vein, where the hepatic artery crosses perpendicularly between them. When bowel gas obscured a part of the suprapancreatic segment, the patient was asked to take several deep breaths and hold the inspiratory phase. Color Doppler sonography was used to confirm the identity of the vascular and ductal anatomy. The common bile duct was measured in the most distal aspect of the head of the pancreas. In this location, anteroposterior measurements from inner border to inner border were obtained.

The data obtained were initially recorded on paper by the radiologist and later transferred to a computer, where they were stored throughout the period of the study before statistical analysis was carried out” has been added.

Line 30 statement rephrased to read “extrahepatic duct dilatation: common bile duct diameter (CBD) >7mm. All measurements were made using electronic calipers on the ultrasound machine”.

Page 4

Results

Paragraph 2

The phase “suggestive of lymphoma” has been deleted

Paragraph 3

The phase “Liver biopsy was not routinely performed in all HIV+ patients with hepatomegaly” has been deleted.
Paragraph 4
The phase “with a mean of 4.28 ± 1.18 mm. has been added.
The sentence “The width of the common bile duct ranged from 1.0 to 8.6 mm among HIV+ cases and 1.0 to 6.5 mm among the control group” has also been added.

Page 6
Discussion
Line 6 the word “which” has been deleted
Line 23 the phase “A single” is replaced with “The two cases”
Line 24 the phase “histological unconfirmed was identified” has been deleted
Line 27 the sentence “The splenic parenchymal density remained essentially normal as is described in literature.” is deleted
Line 28 “were homogeneous” Replaced with “had homogeneous liver echotexture “.
Line 29 the word “intrinsic” is replaced with hyperechoic
Line 30 the phrase “is at variance” has replaced “not comparable”

Page 7
Line 8 statement rephrased to read “this could account for the possibility of underreporting in our study”.

Paragraph 3
Paragraph rewritten to read
“Gall bladder wall thickening which is usually associated with the presence of calculus was not reported in our series. Acalculous cholecystitis was also not recorded These findings are usually incidental and non-specific as reported by Smith et al Extrahepatic dilatation was found in 10(2.6%) patients; this finding has been reported as a sequel of AIDS Related Sclerosing Cholangitis (ARSC) ‘ However such patients had associated findings of gall bladder wall thickening which were not demonstrated in our cases. Since these patients had no symptoms referable to the biliary system no further diagnostic procedures were performed. The cause of this finding therefore remains unknown.”

Paragraph 4
The statement “Infected lymph nodes are mostly oval shaped with a narrow symmetric cortex while a malignant node is round with increased eccentric cortical thickening, the hilum could also be severely compressed or replaced.” Has been deleted

Paragraph 5
The paragraph “Ascites was reported more frequently in the HIV seronegative group. Perhaps the higher frequency in this group is in part due to selection bias, in that the
control group was largely made up of patients on admission in the hospital. These were patients with surgical or other medical conditions who required screening for HIV as part of their diagnostic laboratory work up. Healthy individuals in our environment, usually even with counseling do not readily submit themselves for HIV screening. The higher incidence of ascites in the non-HIV population is therefore most likely due to other pathological causes such as malignancy and cirrhosis which are the commonest known risk factors.” has been added

Page 8
Line 9 the phrase “increased parenchyma echogenicity has been deleted
Line 10 Statement rephrased to read “The number of HIV+ cases in our study who showed such renal abnormality was more than double the number of the controls”
Line 11 The phrase “this Nigerian population” has been deleted
Line 14 the word finding replaces “condition”
Line 17 support now reads supports
Line 21 the word “differentials” has been changed to diagnostic possibilities

Page 9
Conclusion
Line 3 Sentence has been rephrased and “sensitivity and spec deleted

Competing interests (added)
The authors declare that they have no competing interests.

Authors’ contribution (added)
OMO, AOM, and AAM, conceived the study and participated in the design of the study.
OGI, and OMO designed the study, performed statistical analysis and drafted the manuscript. OSA, AAT performed the ultrasound examinations. OMA managed the data and participated in the recruitment of subjects. AYA, OAO and IFA coordinated the recruitment of subjects. All authors read and approved the final manuscript.

References
All punctuations have been adjusted appropriately.
Reference 14 has been quoted properly. Radiography has been changed to RadioGraphics

Figures
Figure 2 has been removed and replaced.
Figure 4 has been added.