Reviewer's report

Title: Childhood Intussusception in Uzbekistan: Analysis of Retrospective Surveillance Data

Version: 1 Date: 28 January 2010

Reviewer: Kong Boo B Phua

Reviewer's report:

1. Is the question posed by the authors well defined?
2. Are the methods appropriate and well described?
3. Are the data sound?
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
5. Are the discussion and conclusions well balanced and adequately supported by the data?
6. Are limitations of the work clearly stated?
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?
9. Is the writing acceptable?

The answers to the above 9 questions are yes.

Minor Essential Revisions recommended with points to be clarified as stated below:

1. Background
   At present, two rotavirus vaccines (Rotarix®, GSK and Rotateq®, Merck) have been available since 2006, and are already being used in routine immunization in several countries.
   Rotateq®, Merck, was approved in US in 2006, however Rotarix®, GSK was approved in Mexico in 2004.

2. Results
   The most frequent symptoms demonstrated the presence of IS (98.5%) and the development of intestinal vascular compromise or venous congestion (86.6%),

   To make it clearer to the readers, please specify the exact symptoms for both groups.

   A reduction in IS by air enema was attempted in 60 patients, but was successful in only 33 (49.3%) children, whereas 34 (50.7%) cases underwent surgery, 27 of which had previously undergone an unsuccessful reduction by air enema.
Please spell out the clinical symptoms and signs or indications for the 7 babies who went straight for surgery.

Although instrumental methods were used in the majority of patients, the diagnosis was made solely on clinical grounds in 2 cases (3.2%).

Please specify how the diagnosis of intussusception was confirmed in these 2 babies; was it by ? air reduction or ? at surgery.

However, almost half the cases (44.4 %) admitted #24 hours after symptom onset underwent intestinal resection, with 3 deaths in these patients compared to a single death in children admitted earlier to the hospital.

The numbers of children admitted #24 hours should be expressed rather than the percentage alone, i.e. 4 out of 9 children rather than 44.4%, and leave it for the readers to find out themselves only after looking at table 9.

3. Discussions

Previous reports specify that this condition is more frequent in males, with our study yielding a male to female ratio of 2:1. This ratio was reported to reach 9:1 [6, 30, 31] in Asia, which is geographically closest to Uzbekistan, and 8:1 in Africa [7, 32].

Preferably to change it to “This ratio was reported to reach 9:1 in certain countries in Asia as our finding in Singapore is male-to-female ratio of 1.3 to 1. ( Boudville IC, Phua KB, Quak SH et al. Epidemiology of Paediatric Intussusception in Singapore: 1997 to 2004 Annals Academy of Medicine October 2004,Vol 35 (10) 674-9) No post-operative complications following surgical interventions or recurrences of IS were reported among children treated in the study hospitals.

It was noted that 3 babies died, but there was no mention whether these babies died after operation, if so, one cannot conclude that there is no post operative complication

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.