Author's response to reviews

Title: Fine-needle aspiration for diagnosis of tuberculous lymphadenitis in children in Bangui, Central African Republic

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Author's response to reviews: see over
Response to reviewers

Reviewer: David Alexander

Minor essential revisions
line 167: correct truncated words and typos in sentence
Corrected line 150
line 166: 'lest costy', change to 'less costly'
Corrected line 149

Discretionary revisions
lines 110-11: 'Among the 12 AFB positive samples with negative LJ culture, 83.3% corresponded to treated patients'. What is a 'treated' patient? Antimicrobial therapy initiated before the needle aspirate was performed? Or, had some patients actually received a full course of drugs and were not responding/relapsing?

Sentences included in the results section, line 119
Similarly, did any of the cases with mono-resistant or MDR-TB have a history of prior treatment?

Sentences included in the results section, line 102, and the discussion section, line 103 and line 127 to 130.

Some language corrections were made in the paper.
Reviewer: Ian Kitai

FNA was performed by a paediatric doctor using a 18 G needle (1.2 x 40mm). In general parents or guardians held the child during the procedure. After the enlarged lymph node was fixed by fingers, the needle was inserted into the lymph node. A different needle was used for each node: Aspiration was done by inserting the needle into various directions of the lymph node. FNA were taken from all affected lymph nodes, with a maximum of two per patient. The needle and syringe obtained were immediately sent to the Institut Pasteur of Bangui (IPB) for Ziehl-Neelsen (ZN) staining for detection of Acid Fast Bacilli (AFB) by optical microscopy and culture on Löwenstein-Jensen (LJ) for *M.tuberculosis* identification and drug susceptibility testing.

Sentences included in sampling section, lines 65 to 71.

Discussion

The now recommended GeneXpert MTB/RIF-test may be quite useful for rapid detection of TB in 1 lymph node aspirates. Although indicative of MDR tuberculosis in cases of Rifampicin resistance detection, it cannot replace the need for other tests to identify precisely other antibiotic resistances and confirm rifampin resistance.

Sentences included in line 151.

This study has some limitations. Complications such as hemorrhage or secondary infection or the development of sinuses were not assessed and there was feed-back from clinician about such complications. This aspect should be considered in further study to ensure the procedure is safe and to define complication rates.

Sentences included in conclusion section, line 158.

Some language corrections were made in the paper.