Reviewer’s report

Title: Tuberculosis Lymphadenitis Diagnosis in children Using Fine Needle Aspiration in Bangui

Version: 2 Date: 27 October 2012

Reviewer: Ian Kitai

Reviewer’s report:

I have reviewed the paper and the responses. I believe the responses to my queries address my concerns. However many have not been incorporated into the text of the article. The responses should be including a limitations paragraph at the end of the paper. I have tried to make some of the changes in a word document I attached -- this may not read well and includes the page numbers which is confusing. I have appended the important changes below. I think the paper suitable for publication IF these changes- especially the paragraph about safety and limitations is appended.

Here are the relevant sections

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 78 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-80 Neelsen (ZN) staining for detection of Acid Fast Bacilli (AFB) by optical microscopy and culture on Löwenstein-81 Jensen (LJ) for M. tuberculosis identification and drug susceptibility testing. 82

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

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare I have no competing interests