Reviewer's report

Title: Detection of Group A Streptococcal Biofilms in Tonsils from Pediatric Patients Reveals High Rate of Asymptomatic Streptococcal Carriage.

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Reviewer: Gaetano Paludetti

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This is an interesting paper that focuses upon the problems related to asymptomatic GAS carriage. The Authors conclude that GAS resides in biofilms within the tonsillar reticulated crypts and that they are present in approximately one third of children who undergo tonsillectomy for either adenotonsillar hypertrophy or recurrent GAS tonsillopharyngitis. The presence of biofilms could also explain 1) the persistence of GAS carriage long after symptoms have passed despite the use of antibiotics; 2) the difficulty in distinguishing between viral pharyngitis and GAS infection in asymptomatic GAS carriage cases; 3) the development of tonsillar hypertrophy.

I found the paper interesting and rigorous from a scientific point of view. Nevertheless I think there are some points that should be clarified.

1) The conclusions in the Abstract are not obviously correlated with the conclusions of the paper and this should be improved

2) The identification of the Group A Streptococcal biofilm has been carried out in the present paper using a quite complex, though rigorous, technique. Why didn't the Authors use the Confocal Laser Microscopy?

3) The final point is that the clinical implications of the findings are in my mind not very clear and should be better outlined and discussed. Should we treat all GAS carriers? and if yes how? Do we have less invasive diagnostic instruments to indentify biofilms?

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare that I have no competing interests