Reviewer's report

Title: Swallowing Abnormalities in HIV infected children: An important cause of morbidity.

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Reviewer: Sergio Pinillos

Reviewer's report:

Introduction: no comments.

Methods:
Further details on HIV disease staging and other clinical details used to classify the children are needed.

The fact that children were referred fr swallowing disorders represents an obvious selection bias that makes it difficult to ascertain the real clinical significance of the problem among HIV-infected children. Could the authors compare these 25 patients on the total number of HIV-infected children under follow-up in their area?

Further details on clinical assessment could be given for the non-expert on swallowing function reader, i.e., the infectious diseases pediatrician.

Results:
The reasons for referral are given but, what were the specific swallowing-related complaints in these patients? Again, this would be of help for the non-expert.

The reason for referral was recurrent respiratory complaints in 17 children in the text, but 18 patients in Table 1. Similarly, 4 and 5 patients with poor feeding (?). 20 patients had clinical evidence of swallowing abnormalities, but only 13 underwent VFSS. Why the other 7 patients did not undergo VFSS as stated in the Methods?

16 of the patients were on HAART at the time of assessment, but had received drugs only for a median time of 55 days. I am not an expert in HIV infection, but I think that 2 months of therapy do not really make a clinically significant difference. Am I right?

The fact that there are no differences in the prevalence rate of swallowing disorders when HIV-related variables are taken into account (clinical stage, CD4 counts or HAART) suggests that these patients had swallowing disorders because of previous probably HIV-related events (mainly encephalopathy); however, further details on these events are not given and, most importantly, no comparison is made with other HIV-infected non-referred children, which would be useful for the physician in charge of these patients, in my opinion.

Page 7, last paragraph: the sentence “CD4 counts were available...” should be deleted; it adds nothing.
It would be as well very interesting to know the clinical impact of specific strategies of feeding suggested by the authors to the patients and their families.

Discussion:

A paragraph stating the major limitations of the study is lacking.

Half of the patients had obvious neurological impairment that explains swallowing difficulties; are these difficulties different from those of patients affected with other kind of neurological conditions?

In the infant with advanced HIV infection, there are several comorbid conditions that may lead to swallowing difficulties (encephalopathy, respiratory distress, oral cavity infections, wasting syndrome...). Could the authors further comment on this? Are they differently associated to swallowing difficulties?

Minor points:
page 7, line 4: were instead of where.
Table 2: what does range mean in CD4 counts and percentages?
Table 2: the units for CD4 percentage should be %, and not x10^9/l

When assessing the work, please consider the following points:
1. Is the question posed by the authors well defined? Yes.
2. Are the methods appropriate and well described? No. Further information on clinical details is needed.
3. Are the data sound? Too scarce.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? More or less.
5. Are the discussion and conclusions well balanced and adequately supported by the data? More or less.
6. Are limitations of the work clearly stated? No.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Not applicable.
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Yes

Based on your assessment of the validity of the manuscript, what do you advise should be the next step?
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions Quality of written English: Acceptable.

Statistical review: Not needed.

Declaration of competing interests:

I have no competing interests.