Author's response to reviews

Title: Ethnicity and gender related differences in extended intraesophageal pH monitoring parameters in infants: a retrospective study

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Author's response to reviews: see over
Dear Sir,

Thank you for considering our manuscript for publication in your journal. We have revised our manuscript according to the two reviewers’ recommendations. Please see below our detailed description of changes in a point by point outline as requested. We will await your decision.

**Reviewer: Vic Velanovich**

**Minor revisions**

- “Discussion a little too long, perhaps could be shortened.”
We thought that the discussion was necessary to make our points clear and display our data more accurately.

**Reviewer: Radu Tutuian**

**Major revisions**

- “Presenting symptoms to be added(typical vs. atypical)”
The list of symptoms included was added to the methods (page 3) and an analysis of frequency of symptoms upon presentation was added in the results section (page 6).

- “Acid suppressive regimen( off medications, PPI, H2RA)”
All patients were kept off their medications for at least 72 hours prior to the study. It was added to the methods section (page 3).

- “Percentage of time spent in various body positions”
Could not be determined since the recording of the events was incomplete, we thought it may give some inaccurate results, added to page 3.

- “Results of other investigations if done (endoscopy)”
EPM was done as the 1st investigation of choice and usually not preceded by an endoscopy. It was thought to be gold standard and less invasive than the endoscopy.

- “Timing of symptoms during pH monitoring; were symptoms recorded by health care professional or by parents, Any differences in the percentage
of patients with a positive temporal symptom association between symptoms and acid reflux. Any differences in the percentage of patients with a positive temporal symptom association between symptoms and acid reflux, was this influenced by who recorded the symptoms.”

Events were recorded mostly by parents and occasionally by nursing staff. It was added to the methods section. But since the recording of the events was incomplete, we were reluctant to analyze any inaccurate data. Parents and staff were inconsistent about recording the symptoms.

- “Data should be presented for race in order to provide a better understanding about the statistical trends reported in the result section.”

We have added 2 tables (3 and 4) to display our data based on ethnicity and tables were referenced in the results (pages 7, 19).

- “Data were collected 6-10 years ago, more recent data, available follow up data, …”

Our recent observations have mirrored our previous findings. Since the data is not automatically entered in a database, this would be a marathon task.

**Minor revisions**

- “Reference or detail the reason for using a lower cut off in percent time pH <4, any concerns about over diagnosing, and would the differences in race still exist.”

We added reference #19, our recent paper detailing the use of a lower cutoff value for the reflux index in diagnosing GERD.

- “Specify if meal periods were excluded from the analysis.”

Meal periods were not excluded. It was added to the methods section.