Author's response to reviews

Title: Cough and reflux esophagitis in children: their co-existence and airway cellularity

Authors:

Anne B Chang (annechang@ausdoctors.net)
Nancy C Cox (Nancy_Cox@health.qld.gov.au)
Joan Faoagali (Joan_Faoagali@health.qld.gov.au)
Geoffrey J Cleghorn (g.cleghorn@mailbox.uq.edu.au)
Christopher Beem (g.cleghorn@mailbox.uq.edu.au)
Looi C Ee (Looi_Ee@health.qld.gov.au)
Geoffrey D Withers (Geoffrey_Withers@health.qld.gov.au)
Mark K Patrick (docmpatrick@bigpond.com)
Peter J Lewindon (p.lewindon@mailbox.uq.edu.au)

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Author's response to reviews: see over
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Dear editor
BMC Paediatrics

Re: Revised manuscript MS: 1775148030775455 - 'Cough and reflux esophagitis in children: their co-existence and airway cellularity'

Thank you very much for reviewing our article as well as for another opportunity to respond to the Prof Morice’s further comments, which we believe we have adequately addressed below.
We hope it is now suitable for publication in BMC Paediatrics.

Thank you again.
With kind regards

Yours sincerely

Anne B Chang, on behalf of co-authors
Response to reviewer 1

Major comments

1. Reviewer’s point “The data is presented as G+ or G- when in fact the variable measured is oesophagitis. There is along discussion about how to quantify GER. In my view the tests used are incapable of measuring GER related to cough (ie there is no Gold Standard) this is not a block to publication however but to refer to data as G+ when it is really RE+ is very misleading”.

Response: We chose to use G+ and G- which was clearly defined as referring to our definition of GERD used for the study ie reflux esophagitis. Also this would be consistent with our previous paper published in a biomedical central journal as well (Respir Res 2005;6:72). Nevertheless given that Prof Morice thinks it’s too misleading, we have altered all to E+ and E- respectively to reflect reflux esophagitis.

Discretionary comment

2. Reviewer’s point “As might be anticipated from the above the negative slant on the interpretation is not shared by this referee. My interpretation is cough is one symptom produced by reflux. They show a very high incidence of cough in these kids with other reflux symptoms. Ockham's razor says it's reflux. Oesophagitis is unrelated to the type of reflux producing cough. Similarly our current tests and treatment do not reveal reflux cough. How the bugs get there is very interesting and needs more thought”.

Response: Thank you for acknowledging the controversy. As discussed in our previous letter to reviewers, we have chosen the evidence based on Cochrane reviews in children (adults do differ). Incidentally, we have indeed looked at ambulatory 24hr pHmetry and cough in children without a primary lung disease and found that none of the cohort of 108 children (different group of children to this paper) had pHmetry defined GERD as the primary cause of their cough. The paper is in press in Chest.

We agree that the issue of ‘bugs’ is indeed interesting. The relationship (or rather lack of) between quantitative bacterial growth found in BAL and that gastric aspirate was described in our previous paper (Respir Res 2005;6:72).