Reviewer’s report

Title: Treatment and outcome of tuberculosis in human immunodeficiency virus infected children on anti-retroviral therapy

Version: 1 Date: 6 September 2007

Reviewer: Virat Sirisanthana

Reviewer’s report:

General A: "Clinical Presentation" article: This paper reports the clinical presentations and diagnosis of TB in HIV-infected children on HAART. It is a retrospective chart review study of 137 TB episodes in 136 HIV-infected children seen at Tygerberg Children's Hospital in Tygerberg, South Africa. The information presented will be useful to physicians who are taking care of HIV-infected children in TB endemic areas especially in developing countries where HAART are becoming more readily available.

General B: "Treatment and Outcome" article: This paper reports the treatment and outcome of TB in HIV-infected children on HAART described in the accompanying paper.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

A: "Clinical Manifestation article": Under the subheading “definition” (page 5), the definition of "clinically suspected" cases is very non-specific. I suggest that the authors excluded this category from analysis. This will leave 46 bacteriologically confirmed cases together with 27 radiologically indicated cases. These remaining 73 cases should be enough to represent "TB in HIV-infected children on HAART". The resulting paper should be concise enough to be combined with the accompanying paper on treatment and outcome.

B: "Treatment" article: same as above.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

A: "Clinical manifestation article"

1) Page 7, paragraph 4: The most common presenting symptoms were weight loss or failure to thrive. The authors should indicate in the discussion that this symptom is non-specific and may be caused by HIV infection itself as well as many other HIV-related opportunistic infections.
2) Page 8, IRIS phenomenon is selected by authors to be one major finding. Since there is no consensus definition of IRIS, the authors should give their definition of the phenomena in the “methodology” section.

3) Page 9, the first paragraph after “discussion”; Table 1, column 3; and table 2, column 2: The authors categorized the patients as “children treated for TB” which was subjective to the decision of the attending pediatricians. With the suggestion to exclude those children classified as “clinically suspected” case, it should be able to categorize these children as “children with TB”.

4) Page 10, last paragraph: the authors stated that IRIS as not prominent in this group, while pointing out that the incidence of TB IRIS is as high as 7.4% (10/136). This incidence may further increase with the exclusion of the “clinically suspected” cases as in the major comment. So is IRS not prominent?

B: "Treatment article”:

1) Page 2, the paragraph under “results”: 112% is a typo.
2) Page 8, the paragraph under “Immune reconstitution phenomena”: since there is no consensus definition of IRIS, the authors should give their definition of the phenomena in the “methodology” section.
3) Table 1 the sign “#” is in the wrong place.

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Discretionary Revisions (which the author can choose to ignore)

Nil

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

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'