Reviewer's report

Title: Tuberculosis lymphadenitis in Southwest Ethiopia: a community based cross sectional study

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Reviewer: Elizabeth L Corbett

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Review of Abebe et al Tuberculosis Lymphadenitis

This is a well-written manuscript describes a prevalence survey for tuberculous lymphadenitis Ridout as part of a demographic surveillance site interview round in Ethiopia. This is interesting and novel, especially given the high proportion of tuberculosis that is extrapulmonary in Ethiopia (for reasons that are currently unclear). The study is clearly described and well written.

My main concern is around the approach to identification of individuals with lymphadenopathy, where it is not entirely clear to me exactly how adenopathy was identified -- through interview only (I.E. asking individuals if they had noticed lumps and bumps themselves) or whether there was also examination routinely.

Major compulsory points

1. The phrase used in the manuscript to describe the initial case finding step (“any adult with lumps in the neck, arm pits or groin up on interview”: abstract and page 4 second para) is insufficient to allow the reader to understand the exact procedures used, and the phrase itself is also not grammatically correct. This needs to be clarified and described in more detail.

Critically, were all participants systematically examined for lymphadenopathy? Or was the first case finding step instead a question about palpable nodes? Clearly one would expect more lymph nodes to be identified on systematic examination than interview.

If interview was used, then the authors need to discuss this as a limitation in the discussion.

Minor essential revisions

2. Fine-needle aspirations were taken from any enlarged lymph nodes. Only about a fifth of the enlarged nodes found were tuberculous. The current manuscript describes only the tuberculous diagnoses (, whereas it would be of considerable interest to know all diagnoses made.

3. The subsequent case ascertainment appears to be slightly problematic, with relatively few culture-positive aspirates from those diagnosed through cytology.

The cytological features used to diagnose TB are listed in the methods, but not detailed for the cases. Again providing this additional detail would add value to
the manuscript and credibility to the findings.

4. Line 189 “This is mainly because pulmonary TB is more fatal than….”. Would be better expressed as “has a higher case fatality rate than”

5. Limitations need to include discussion of the sensitivity and specificity of the method used to identify lymphadenopathy

**Level of interest:** An article of importance 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