Reviewer’s report

Title: Episodic adenolymphangitis due to bancroftian lymphatic filariasis: a longitudinal prospective surveillance in rural coastal Orissa, India

Version: 1 Date: 29 November 2004

Reviewer: James Kazura

Reviewer’s report:

General
This manuscript describes the results of a prospective survey for clinical adenolymphangitis (ADL) in a population in India where bancroftian filariasis is endemic. The study design is appropriate for the question being asked. The results are of potential interest to understanding the pathogenesis of this important but poorly appreciated manifestation of lymphatic filariasis. There are several concerns that need to be addressed to improve the clarity and biological significance of the findings.

1. The authors have appropriately used a clinical definition absent independent laboratory confirmation for ADL since the latter is not available. It is thus imperative that the reader understood how the data were collected. The following points require clarification:
   a) How close together are the two villages, and do they have similar pre-existing mf-positive rates?
   b) Were anti-filarial medications available and what is the history of taking DEC in the study population?
   c) The authors describe the duration of ADL. How was this determined given that it is indicated that surveys were taken every two weeks? Were individuals who indicated they had ADL observed until the symptoms resolved.
   d) What do the authors mean by fever? Was a temperature recorded?
   e) Did ADL episodes cluster in members of the same household?
   f) It is not clear that presenting data to the second decimal point is justified.

2. The authors report no association of ADL with mf status. However, the significance of this finding needs to be tempered by the fact that an insensitive detection method was used, i.e. fingerprick blood samples as opposed to Nuclepore filtration of one ml or more venous blood.

3. Are there data available for the overall prevalence of infection based on circulating filarial antigenemia?

4. As the authors point out, ADL may be related to bacterial infections as well as filariasis. Comments regarding the use of footwear and other practices relevant to bacterial infections would improve the overall value of the manuscript.

5. The manuscript requires copy-editing to improve syntax and clarity of the paper.

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

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