Reviewer's report

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

Version: 1 Date: 10 December 2004

Reviewer: Pradeep Kumar Das

Reviewer's report:

General
1. This study reports the results of a year round survey of a community for episodic adenolymphangitis. The information are of local importance and should be published but not in present form.

2. The research question is not clear. In page 2, under "Background", lines 9 & 10 the authors say that "The knowledge on acute disease is essential to understand the natural history and progression of disease"; however, the authors do not address these issues in the paper.

3. Page 2: In Abstract "Results and conclusions - 4th line The authors say "The average no. of episode per year is 1.57 and influenced significantly by sex of the affected individual". First, the statement is confusing. ADL is not influenced by the sex of affected individual (Homosexual or Heterosexual), however it could mean the incidence is gender dependent. Since ADL occurrence is higher in chronic filariasis cases and since it is well known that the prevalence of chronic disease (hydrocele) is higher in males, it is not surprising that the incidence of ADL is gender dependent. However, the authors make a statement in page 4 "Incidence and distribution of acute episodes" lines 4-5, that "The difference between males and females is not significant (P>0.05)." Therefore, the statements in Abstract and in Results are contradictory.

4. Page 2: Background: Lines 3-5 the authors say In lymphatic filariasis, acute clinical manifestations are characterized by recurrent attacks of fever associated with inflammation of the lymphoedema and or lymph vessels, termed as adenolymphangitis (ADL) (Ref1). This contradicts with the definition of ADL used by authors in the study: the authors say under Methods "Data collection, 5th 7th lines "An acute ADL episode was defined as presence of local signs and symptoms such as , with or without associated constitutional symptoms such as fever, (Ref no 9)". Therefore, it is clear that the two are contradictory.

5. Form the methods described, it is not clear, who actually conducted the ADL surveillance (health workers / paramedical staff or physicians) and who confirmed the cases of ADL. Was there any clinical examination by the physician at any point of investigation. These clarifications are essential.

6. The data analyses is incomplete. More details could have been provided on the following:
   a. What were the differences in annual incidence, duration and clinical presentation of ADL between those without and with chronic disease.
   b. Time series analysis could be done for seasonal changes, but data may be insufficient.
   c. Co-existence of more than one symptom could have been analyzed.
   d. Details of different pathological groups could have been given in relation to ADL incidence and presentation.
   e. Whether there was any symptom specific for any age class or gender.

7. The actual period of survey (year & month) and geographical co-ordinates of the villages should
be provided. Therefore, the data is suitable for deposition.

8. Discussion is too lengthy. The discussions on the aetio-pathogenesis could be restricted, since this particular study did not carry out any research on this. In other words, the discussion should focus on epidemiological aspects, limitations of study and future research needs.

9. Since the clinical syndrome of ADL as defined for the purpose of study could be due to LF as well as other pathogens and there is nothing to clearly suggest that the cases of ADL episodes reported had actually LF infection, it is difficult to accept title “Episodic adenolymphagitis due to bancroftian lymphatic Filariasis”.

10. Abstract is giving contradictory results compared to that presented under results. The data on mean incidence should also provide standard deviations.

In view of the above comments, the paper is not in a acceptable form and requires revision-definition of terms, clarity on methods, proper analyses and interpretation and not suitable for publication.

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

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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)

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Discretionary Revisions (which the author can choose to ignore)