Reviewer's report

Title: Epidemiologic profile of head and neck disorders in a tertiary hospital unit in Greece: a challenge for general practitioners?

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Reviewer: Anne Pitkaranta

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General
This is an interesting study telling that real emergencies are rare among the tertiary University clinic. However, I would have expected more careful analysis of the patients. Would it be possible to analyze (retrospectively) whether the patients needed to visit in the hospital or whether they just visited because they did not have any other possibility than a hospital to see a doctor? For instance an acute tonsillitis may easily be treated in the primary care but may also sometimes really need an evaluation of ENT although not hospitalization. Also the number of patients visited in other emergency department would have been interesting. Where are the patients with postoperative problems (such tonsillectomy bleeding or infections etc) treated? The paper would have been more reliable if ICD (or other official) coding would have been used. Would it be better to use otorhinolaryngological, head and neck disorders than just head and neck disorders?

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Methods - what does "descriptive statistics" mean?

Discussion is too long. It should be focused on epidemiologic profile, not for speculateios of the reasons for diseases. In Discussion it it not necessary to explain the epistaxis reason - so the sentence "One possible causes...) can be deleted. Also the sentence "The criterion used for distinguish benign paroxysmal positional vertigo was Dix-Hallpike" does not belong to the Discussion, speculation of other dizziness reasons is also in vain. P.7 last whole sentence .. angiotensin speculation .. does not belong to the disscusion.

The beginning of Discussion is confusing. A lot of infromation of Crete in general but rather one should focuse how many inhabitants the Heraklion University Hospital covers. ALso this geographical data could suit better in the Introduction.

In discussion it it not necessary to write the aim of the study any more - ie. the second paragraph (The aim...) could be deleted.

In Discussion the results are repeated too much. For instance the age range is explained in the Discussion than in the Results section. I'm not quite sure that Table 3 is needeed.

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)
What next?: Accept after minor essential revisions

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

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests