Reviewer’s report

Title: Risk of Contamination of Nasal Sprays in Otolaryngology Practice

Version: 1 Date: 24 August 2006

Reviewer: Brent Senior

Reviewer’s report:

General
This is a timely topic that is of great concern for otolaryngologists because of the widespread use of topical medications applied prior to office endoscopy. With increasing prevalence of resistant organisms, it behooves the otolaryngologist to reduce the risk of transmission of infectious agents to our patients to the lowest degree possible. I commend the writers on their work.

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

1. It is important to recognize that MRSA is not coagulase negative staph. It appears that these are confused in the article and I would recommend that the authors clarify this.

2. In the methods, it is unclear as to how the uncapped bottles were cleaned. Is the 70% alcohol isopropyl alcohol, or 70% ethyl alcohol?

3. No mention is made of institutional review board approval for this clinical study. Please tell the reader whether IRB was obtained.

4. Several references to Wolfe’s papers are made that reflect negatively on venturi devices. It should be made clear to the reader that Dr. Wolfe has commercial interest in a disposable positive pressure application device.

5. The discussion of how the venturi atomizer works is very good. I would recommend that this be contrasted as to how the positive pressure devices work and why they would be at theoretically lower risk of contamination.

6. How many colony forming units of methicillin resistant coagulase negative staph were recovered? This will give the reader a good understanding of how significant the degree of contamination was.

6. I diagree with the conclusion on page 6: “with the fact that even one transmitted MRSA can cause a huge problem in certain patient groups, we can say that neither of the devices are acceptable.” First, we do not know the clinical significance of coagulase negative staph growth to the patient. Second, is this a technique issue? Is it possible that better rubbing of the cap with alcohol, or use of a nasal speculum without skin/mucosal contact would eliminate the growth? In our review (Dubin, et al. AJR, 2004) we found no growth at one week with venturi atomizers wiped with isoproponal and applied with the aid of a nasal speculum to reduce skin/mucosa contact.

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

Level of interest: An article of importance in its field
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