Author's response to reviews

Title: The Pattern of Orofacial Clefts at Bugando Medical Centre in Mwanza, Tanzania

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Author's response to reviews: see over
Dear Dr. Shipley –

Please find attached a manuscript entitled “The Pattern of Orofacial Clefts at Bugando Medical Center in Mwanza, Tanzania” for your consideration as a research article in BMC Oral Health. In this article, we present an overview of the pattern of orofacial clefts observed in a large referral hospital in northwest Tanzania. We find that the distribution of orofacial clefts is in many respects similar to other parts of the world (e.g. by sex and laterality). However, we also find significant differences with observed relative frequencies of different types of clefts in Asia and South America. We conclude that these differences, which have been observed in other African studies, may reflect a combination of underlying biological and sampling factors.

Please note that this is a second revision of a manuscript previously submitted to BMC Oral Health (MS. # 4556563234378899). On behalf of my co-authors, I would like to thank the reviewers for their thoughtful comments. Whenever possible, we took the reviewers’ suggestions into account, and as a result we feel the manuscript has been greatly improved. Below is a detailed description of the changes to the manuscript.

Reviewer

i) Ascertainment biases (e.g. for laterality) still exist because this was a clinic-based & Showing similar phenotype distribution than expected from the literature does not prove soundness of data.

We acknowledge that potential bias in the severity of cases is an important limitation. Since Bugando Medical Centre is a tertiary care facility, there may be bias towards more severe cases and this may influence the frequency of bilateral versus unilateral clefting in this sample. While we also examined the frequency of CLP in patients who presented at Bugando medical centre for reasons other than the condition, that sample may be biased through under-reporting of the condition. This limitation can only be overcome through the use of prospective data or a national birth defects registry. Outside of South Africa, neither option is realistic in the foreseeable future in Sub-Saharan Africa. A reasonable alternative to help shed light on the epidemiology of CLP in East Africa, therefore, is to analyze the data that we do have and interpret them in light of these important limitations. Given ongoing studies of the genetics of CLP in East-Africa, analysis and interpretation of the existing data is an important task. Our conclusions regarding the need to search for associated anomalies is not supported, given the low frequency observed in our study. We have removed this conclusion from our discussion.

i) Authors do also mix the concepts of associated and syndromic cases of oral clefts. We agree with the reviewer that the low proportion of associated cases probably reflect differential mortality rates among cleft cases associated with anomalies in vital internal organs rather than lack of
access to a geneticist in the medical team.

I hope that you will be satisfied with these substantial changes. I would like to thank the reviewers once again for their time and valuable input. I look forward to your decision on our manuscript, and thank you for considering it for publication in *BMC Oral Health*.

Sincerely,

Mange Manyama, MD