Author's response to reviews

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

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

Thank you, reviewers and the editorial team for the review of our manuscript and your constructive comments. Please find attached a manuscript entitled “The Pattern of Orofacial Clefts at Bugando Medical Center in Mwanza, Tanzania”. In this article, we present an overview of the pattern of orofacial clefts observed in a large referral hospital in northwest Tanzania. In this current manuscript, we have addressed the comments by the Editorial board member as follows:

1. We have omitted the following sections:
   i) “The pattern of” from the title
   ii) “Owing to the study design, it was not possible to estimate the true prevalence of orofacial clefts and associated congenital anomalies in this population. Larger population- and birth registry- based studies are needed to obtain representative results for African nations.” from the abstract conclusion.
   iii) “We made no attempt to establish the prevalence of orofacial clefts in Tanzania. In sub-Saharan Africa, the absence of reliable birth registries for congenital anomalies has led previous authors to rely on retrospective studies to determine the prevalence of orofacial clefts. It is important to note, however, that retrospective studies do not lend themselves to reliable estimates of the prevalence of such congenital anomalies.” from discussion
   iv) “A more important limitation is the potential bias in the severity of cases. 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.” from discussion.

2. Table 1 has been formatted to comply with BMC oral health format.

3. We have merged tables 2, 3 and 5 into a single table (Table 2) that represents all the demographic data.

4. Table 4 (now Table 3) has been formatted to comply with BMC oral health format

5. We have presented data which is significant from the tables in the text results; and compared the results with other authors in the discussion.

6. The Reference section has been formatted according to BMC oral health format
I hope that you will be satisfied with these substantial changes. I would like to thank the reviewers and the editorial board member once again for their time and valuable input.

Sincerely,

Mange Manyama, MD