Reviewer's report

Title: Oral Clefts with Associated Anomalies: Findings in the Hungarian Congenital Abnormality Registry

Version: 1 Date: 12 March 2005

Reviewer: Peter Mossey

Reviewer's report:

General

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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)

Oral clefts with associated anomalies: findings in the Hungarian Congenital Abnormality Registry

General:

I believe that this paper is addressing an extremely important aspect of birth defects surveillance, the evaluation of the data on diagnosis of congenital abnormalities and comparison of the prevalence of isolated, syndromic and multiple congenital abnormalities in association with particular birth defects.

While this paper makes a concerted effort to address problems in birth defects registration and I recognise the tremendous amount of work that is involved in producing a manuscript of this nature, so I wish to congratulate the authors for their efforts. However, there are still outstanding problems.

Essential revisions:

The first thing that struck me about the summary is the chronological mismatch between the two studies that are compared in this paper, which leads to some problems in a field where new syndromes are being discovered and classifications regularly updated. This needs to be acknowledged. On reading further in the summary it is apparent the criteria differ also and e.g. it is reported that in the HCAR 11.2% had “schisis association” whereas none of the north eastern France sample were reported to have this disorder.

This reveals a bigger problem which is highlighted in the first paragraph of the introduction, the second sentence in the introduction should read “the reported prevalence” and the fact that there is so much variation reveals the subjectivity which is applied to the classification of oral clefts. The objectives of the paper seem fine but with the big question being the validity of comparison with another study where the chronology is later, and the methodology may have been different; and therefore the categorisation and percentages in each category need to be viewed with scepticism.

Methods: the first paragraph deals with the method of ascertainment and leaves a few questions unanswered. Some explanation of the missing cases is required, e.g. in the HCAR 86% of cases with CP were reported to the Registry and the other 14% need to be accounted for in a little more detail.
Classification: I note that the classification used to categorise was (a) unspecified MCA, (b) unidentified (but specified MCA) and (c) identified syndromes or associations. In the methods section it would have been good to record the number and percentage in each of these three categories to give the reader a sense of perspective. This also raises the question of a classification system and despite others attempting to introduce such a system for congenital craniofacial anomalies (e.g. Tolarova and Cervenka (1998)). I think this paper should be mentioned, with a discussion of the relative merits of their system and that used by the authors of this paper.

Comparison of HCAR data to north eastern France study: While it is recorded here that the information in the Stoll et al (2000) study were collected in a similar fashion and I am not sure this was the case and a little more detail would be helpful particularly since the objectives of this study is to “compare and contrast” e.g. it would be good to know whether the Stoll et al study was hospital or population based, whether there was multiple source ascertainment, the diagnostic method e.g. clinical dysmorphologist or paediatrician etc and the classification system that was used. I realise that some of this can easily be obtained by obtaining the original publication but it would be much more reader friendly if this details was summarised in this paper.

Results: The third paragraph in the results section is somewhat confusing – in that it could be expressed more clearly, and the OFD syndrome appears to be classified as an “unidentified” syndrome?

There is also an apparent problem in the diagnosis of subjects with chromosomal abnormalities as the Stoll study revealed that these were more frequent in the north eastern France study.

A third issue is raised by the authors regarding the possible over reporting of certain conditions such as Meckel syndrome, Van der Woude and oculo-auriculo-vertebral spectrum being either not recognised or misdiagnosed?

Summary: In summary, it is apparent from this paper that the authors are experts in the field and through this paper they have raised a very important issue. I believe, however that this article would be a much more useful contribution to the literature if, having identified major problems in ascertainment, diagnosis and classification should attempt to deal with these by making recommendations on surveillance methods, ascertainment, diagnosis and classification.

It is interesting to note that in the HCAR dataset containing almost 66,000 congenital anomalies (4% of the total live births) almost 10% of these had more than one anomaly and more than half of these could not be allocated to a particular syndrome or association. This in itself points to the need for a global effort to improve the sensitivity and specificity of diagnosis.


Discretionary Revisions (which the author can choose to ignore)

If the study could also be expanded to include other similar studies in the field it would enhance the paper.

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: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests