Reviewer's report

Title: Oral maxillofacial neoplasms in an East African population a 10 year retrospective study of 1863 cases using histopathological reports.

Version: 2 Date: 25 April 2008

Reviewer: Godwin TA AROTIBA

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REVIEW BY DR G T AROTIBA

TITLE: should read
Oral and Maxillofacial neoplasms in an East African Population – A 10 year retrospective study of 1863 cases.

ABSTRACT:
Does not reflect precisely the content of the paper. It should be structured – Objective, Method, Results and Conclusion.

INTRODUCTION:
Page 3:
Line 1, 2, & 3….interesting entity and a source of differences in …….thereby making………….countries difficult.
Line 7 current WHO classification
Line 8 & 9 delete from ‘Understanding …………………….to be done’
Line 12 delete and should read tropical infectious diseases
Line 13 delete and should read relegates orofacial diseases
Line 14 delete community should read donor agencies.
Line 16: were few.
Line 18 delete surgical should read oral-maxillofacial neoplasms

Page 4:
Line 2 African blacks

Page 5:
Line 13: were excluded from the study.
Line 14: 10 years
Line 16: were placed under 10 years and below.
Line 21 Where the site........
Line 22: ‘lingual ‘‘ginigiva’ and parts of the buccal mucosa.

Page 6:

Results:

Line 4 ,5 &:6: squamous cell carcinoma (37.75%) was the most common malignant neoplasm followed by Burkitt’s lymphoma (32.04%) and Kaposi sarcoma (15.14%). Delete ‘constituting...........respectively.’

Line 8 & 9: Kaposis sarcoma (37.78%) was the commonest malignant neoplasm ........Burkitt’s lymphoma (30.12%). And squamous cell carcinoma (19.67%).

Lines 10, 11 and 12 - delete
Line 14: in that order were the most frequent neoplasms in Tanzania.....
Line16: delete ‘in descending order’
Line17: delete ‘while they were’
Line 18: (9.8% .............respectively).

Page 7:

Line 2: males compared to ( %) females. A male female ratio of 1.2 :1.
Line 3, 4: In Tanzania, the ratio was 1.3: 1 compared to 1.4:1 in Uganda
Line 6: 21.65% of the female cases.
Line 8 : 29.29+-19.72 years
Line 10: peaked below 10 years.

Line 12: The site distribution
Line 15 & 16: :the specific site from .....in both hospitals. Delete “hence noted as unspecified”.

DISCUSSION
Line 1 & 2:

67.28% of all neoplasms. This is a very high figure compared to other reports by.........specify other authors please.
Aregbesola et al compared to
In our study, the exclusion of ………
Delete ‘a problem that may …………………study is difficult.
Delete KS at should read (21.98%).
‘Asian, American nor Nigerian series (3, 5, 13)’
Jones and Franklin 14
was low compared to………………
are usually taken from the skin. Delete ‘hence in ………………….orofacial tissues’.
Goedert et al earlier on …………………
Recent studies in Tanzania noted …………………
(Table 3)
in 3rd and 4th decades (21, 22)
KS lesions (%) however,
have the site specified
reported by earlier studies (15, 16).
American series ( 3, 4, 12, 23, 24). This has……………….speculations
Various reasons advanced included………………
This is likely ……..some studies from Africa’.
delete “which was a binomial distribution”
Hodgkins lymphoma
However, since ……………explain the differences.
Line 3: squamous
Line 18: squamous cell
Line 20: but in Uganda
Line 21: oral cancer but stable rates
Line 22: This is attributed to increasingly

Page 12
Line 2: squamous cell carcinoma (12). Delete “so as to trend there”
Line 3: delete ‘among those given’
Line 4: didn’t have the sites specified delete ‘given hence not reliable’
Line 5/6: delete ‘on it’ hence it is not first in our study’
Line 10: there are differences
Line 14: delete Therefore the word over’
Line 22: delete (P ≦ 0.01).

Page 13
Line 1: However, reports delete “This was in line with however interestingly the’
Line 3: delete ‘Therefore, larger multicenter studies are needed if any’
Line 5: Therefore,
Line 7: delete ‘Hence’
Line 13: However,

Line 19 ameloblastoma accounting for 84 % of this group. Delete ‘dominating the group’

Page 14:
Line 5: and if treated are rarely sent for histology.
Line 15/16: Unfortunately in the majority of the lesions, the site were not specified. Delete ‘hence from this data’

Page 15:
Line 11 interest to reclassify
Acknowledgement

We would like to express appreciation to all staffs filing the reports. Funding was provided by College of Health Sciences.

Page 19 : REFERENCES

Reference no 30: delete the degrees of the authors

Reference no 31: List first three references and add et al.

GENERAL COMMENTS

The authors have a very large number of orofacial tumors in their collection. However, the paper was so poorly written that an extensive revision is required before it can be published. This is evident in my suggestions for the authors as enumerated above.

With these corrections, the paper will be easily understood by readers.

Thank you

.GODWIN T. AROTIBA BDS, FWACS, FMCDS, FICS, FDSRCSEd.

**Level of interest:** An article of importance in its field

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests.