Author's response to reviews

Title: Possible Clonorchiasis/ Opisthorchiasis Infection in Ghana: Case Reports from Two Ghanaian Women with an Undiagnosed Abdominal Discomfort

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Possible Clonorchiasis Infection in Ghana: Case Reports from Two Ghanaian Women with an Undiagnosed Abdominal Discomfort

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Version 2: Date: 22th July, 2014

Author's response to reviews: see over
Major comments for revision:

1. Poor description of egg morphology supports least evidence of diagnosis.
   Detailed description of the morphology of the egg has been included.
   Measurement data are essential.
   Measurement data has been included

2. Figures are not clear.
   The figures have been enhanced for clarity.

3. Clinical findings of the patients may be mostly caused by malaria or other gastrointestinal pathogens, not by clonorchiasis.
   This has been highlighted in the discussion.

4. Follow-up fecal examination is required after medication.
   The authors could not report on follow-up due loss of patients.

5. History of eating raw fish is not evident.
   This has been addressed in the manuscript.

6. Authors should discuss correct diagnosis
   The authors have addressed the issue of correct diagnosis in the discussion

7. Comment on distribution of the vector snails (Bithynia, Parafossarulus spp.) in Ghana when its endogenous transmission is speculated.
   There is no information on the vector snail, Bithynia in Ghana hence the authors alluded that, the possible source of the fluke was poorly cooked fish.

Reviewer 2.
According to the data, there is no way to distinguish Clonorchiasis to
Opisthorchiasis (egg does not help). Thus title need rephrase, unless present some reasons to exclude the possibility of Opisthorchiasis. Any other places of using Clonorchis need reconsiderations.

The title has been rephrased.

Opisthochiasis has been included where appropriate.

A general introduction of Opisthorchiasis should be included, as well as discuss the possibility of Opisthorchiasis.

This has been included

3. For both cases, the observation of parasite eggs are very important. More information, such as how many eggs found in each cases, the diameter and length of the eggs, any other evidences help for diagnosis of Clonorchiasis or Opisthorchiasis.

The reviewer’s suggestion has been included

4. Did patients eat any raw fish?

This has been discussed appropriately.

5. Figures should add a scale bar.

- Minor issues not for publication

1. Miss spellings of "Clonorchis senensis"
Authors have proof read the manuscript for corrections.

2. Any following up the patient after the treatment? More stool examinations?
There was no follow up and this has been explained.