Author's response to reviews

Title: A Centre for the Diagnosis and Treatment of Tuberculosis (CDT) in a Resource-Limited Setting: a Dragnet for Patients with Heart Disease?

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TO EDITOR

A Centre for the Diagnosis and Treatment of Tuberculosis (CDT) in a Resource-Limited Setting: a Dragnet for Patients with Heart Disease?

Dear Editor,

We are most grateful for the opportunity to publish our manuscript in the Archives of Public Health. We extend our thanks to the reviewer’s comments that were well taken, and have greatly improved the quality of our manuscript. All the new changes are marked in blue in the revised version. Here are our point-to-point answers to reviewer’s comments:

Reviewer’s Comment 1

This report raises an interesting point that echoes observations that have been made for several decades about the intersection between case finding for TB and heart failure. One paper that the authors might want to look at and reference is Parry and Gordon. Ethiopian Cardiovascular Studies. Case-finding by Mass Miniature Radiography. Bull WHO, 1968.pdf.

Authors’ Response 1

Thank you. The paper by Perry EH and Gordon CG has been considered in the revised manuscript.

Reviewer’s Comment 2

The major issue for me with the paper currently is (1) the lack of detail about how cardiac disease was diagnoses: did everyone have echocardiography? in what fraction were these clinical diagnoses? also for valvular disease it might be good to specific if this was rheumatic valvular disease.

Authors’ Response 2

Thank you for this comment and suggestion. We have added more details about how cardiac disease was diagnosed. We used the Framingham clinical diagnostic criteria for heart failure.
All patients with a clinical diagnosis of heart failure, besides the systematic chest X-ray, underwent a 2D-cardiac Doppler ultrasound and an ECG to determine the most probable mechanism of heart failure.

All valvular diseases were rheumatic. We have added this precision.

**Reviewer’s Comment 3**

I suspect that what the authors are calling "hypertensive heart disease" may actually be just hypertension (which is obviously very common). If that is not case, can the authors explain more: were these patients actively in heart failure? was there echocardiographic evidence of left ventricular hypertrophy for example. If not, it is better to make clear the distinction between hypertension and hypertensive heart disease.

**Authors’ Response 3**

Thanks for this concern. Hypertensive heart disease was not just hypertension. Hypertensive heart disease was diagnosed in patients with heart failure, hypertension and an echocardiographic evidence of left ventricular hypertrophy. We reported that the prevalence of hypertension was 50.9%, while the prevalence of hypertensive heart disease was 37.6%. This means that there were 13.3% of the patients included in the study (with cough and/or dyspnea) had hypertension without a hypertensive heart disease.

All the patients with a cardiac disease were actively in heart failure. Indeed, the 222 patients with heart failure included the 186 patients with a pure cardiac disease (including hypertensive heart disease) and the 36 patients with a cardio-pulmonary heart disease (186+36=222).

We trust that all the changes have been, hopefully, done to reviewer and editor’s satisfaction, and on behalf of my co-authors, I am most grateful to you for considering our endeavor.
Yours sincerely,

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