Nsagha and colleagues performed a cross sectional study in a cohort of 209 HIV patients in Cameroon in which plasmatic lipid levels were dosed and compared in HAART treated vs. HAART naive patients. Findings of the study are interesting as they show that HAART may significantly alter lipid metabolism leading to more atherogenic profiles. Here are my comments:

1) Major limitations of the study have already been acknowledged in limitations section of the manuscript; however, the different size of the two study groups (157 vs. 52) could represent a serious limit regarding validity of present results

2) how was the 42 months cut-off for HIV duration determined?

3) how was logistic regression run? Was a single model computed? Which covariates were included?

4) tenofovir had been previously related to more favourable lipid profiles as compared to other NRTIs and other HAART regimens

Discretionary revisions

REsults, "Dyslipidemia and HAART treatment": this part could be simplified as only TG levels differed among the different regimens compared

Results, "Dyslipidemia risk factors": also this part should be revised to put more emphasis on significant results, especially on independent factors relating to increased lipid values as evaluated by logistic regression

CD4 have been associated, among many others, with unfavourable cardiovascular outcome in HIV patients; interestingly, even if not significant, a U distribution of lipid values in relation to CD4 count is reported here, especially for HAART treated patients. How would you explain this?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests