Author's response to reviews

Title: Clinical, Molecular and Drug sensitivity Pattern of Mycobacterial Isolates from extra-pulmonary tuberculosis cases in Addis Ababa, Ethiopia

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Author's response to reviews: see over
Cover letter

Dear Sir

Above all I am great full and appreciated for taking time and edit our manuscript. We tried our best to include the all comments.

Please find the new version of the manuscript

Reply to Reviewer one comments”

Reviewer: Rumina Hasan

Major comments

1. Selection of participants were addressed in the section 2.1 (study population)
2. The section was edited and used one references for the national data and one for the global data (line 132 to 140)

Minor comments

1. Well responded in the first communication and agreed
2. Well responded in the first communication and agreed
3. Well responded in the first communication and agreed
4. Well responded in the first communication and agreed
5. The Resistance to RIF and resistance to anti-mycobacterial drugs were discussed by comparing to other similar studies starting from line 437 to 450.

Reply to the reviewer 2 Comments

Major comments

1. The patient selections were made based on their clinical appearances and this was determined by physician. Patients clinical suspected for having EPTB were recruited. This was mentioned on study population section. (section 2.1)
2. Accepted and replied in the first communication

Minor comments

1. Accepted and replied in the first communication
2. The patient selections were made based on their clinical appearances and this was determined by physician. Patients clinical suspected for having EPTB were recruited. This was mentioned on study population section.

3. As to me the statistical analysis takes minor section of the research. Simple percentage and chi square analysis was included in the demographic and clinical data section. The major aim of the study is genetic analysis which was utilized using different algorithms and web based data and classification. Thus, separate section of statistical analysis is mentioned in the methodology part.

4. As you said the pie chart is only for suspected cases. We mentioned figure 14 is by mistake just to mean figure 1 and table 14 corrected as table2.

The HIV and Extra pulmonary tuberculosis categorization both on HIV and Without HIV were show on the table2 also in culture confirmed cases in section 3.3, pie-chart including the HIV positivity rate and culture were also included as figure 2.

5. The patient data about their alcohol consumption diabetes was included in the table 2

6. The main purpose in to see the clinical appearances of extra pulmonary tuberculosis forms, and their strain tying in these patients. So, our study was not diagnostic evaluation neither evaluating the treatment outcome of the patients.

7. The age category was corrected and the sum equals to 200. Check table 2. The error was also corrected in the same table

8. The Extra-pulmonary tuberculosis classifications were also shown in the figure 1 of the pie chart. We did not take sputum samples for Extra-pulmonary cases, the sample types taken for this case is depend on the site of infection. The culture positivity by site of infection was shown in figure 6.

9. The drug sensitivity was tested only 37 isolates and this was mentioned in the third line of section 3.3 and stated as out of the 37 isolates tested……

10. The data describes also the proportion of HIV positive and negative patients in our participants and we did not compare with pulmonary tuberculosis cases. In the very beginning of the discussion part, we first we mentioned the global and national picture of Extra pulmonary tuberculosis why HIV rate is registered, and then we compare this to our result. I don’t think necessary to mention pulmonary tuberculosis, since our data is only extra-pulmonary ones.

11. The result and discussion of strain analysis were presented according to the methods we used: spoligotyping, lineage and clustered and finally localization of the strain in
infection sites. Thus dear editors I don’t think there is a duplicate; rather we tried to show the strain in different angles and analysis.

Dictionary revisions

1. The abstract comparison with smear positive and negative is corrected actually they are two forms of pulmonary tuberculosis as presented in the national data and guide line

2. Accepted and we use one referees in line 132 to 140 for the global data and one for the national data.