Author’s response to reviews

Title: Bacteriologically confirmed extra pulmonary tuberculosis and treatment outcome of patients consulted and treated under program conditions in the littoral region of Cameroon

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A big thank you to Giuseppina De Iaco and Nathan Kapata for their time and criticisms. Without their inputs, this paper will never be consumable.

Below is a point by point response to worries raised by the reviewers.

1) There are still several orthographic errors (space among words, capital letters, punctuation, English grammar and editing issues that the author need to address (for example, in abstract section, method: “confirmed EPTB cases were administer..” instead of “administered with”).

We have gone through the paper several times and have made efforts to identify and correct these errors e.g. we have rephrased the sentence “Confirmed EPTB cases were administer anti-tuberculosis treatment following the national tuberculosis guide”. To read “Confirmed EPTB cases were treated following the national tuberculosis guide”.

2) In the background of the abstract, few lines above, you wrote “There is no national guideline on EPTB diagnosis and management in Cameroon”. This is contradictory. Please arrange consequently.

The idea was that thought there is a guide for TB diagnosis and management, it is not clearly stated in the guide if bacteriological diagnosis was needed to establish EPTB and if yes, what specimen was recommended? We have simply removed this phrase to avoid confusion. It now reads “Extra-pulmonary tuberculosis (EPTB) is defined as any bacteriologically confirmed or
clinically diagnosed case of TB involving organs other than the lungs. It is frequently a diagnostic and therapeutic challenge with paucity of data available. The aim of this study was to assess the prevalence of bacteriologically confirmed EPTB; to determine the most affected organs and to evaluate the therapeutic outcome of EPTB patients treated under program conditions in the littoral region of Cameroon”.

3) Discussion and conclusion: 1) Line 3, second page of Discussion “Therapeutic success of EPTB is good and almost attending the 85% WHO recommendation for pulmonary TB.” There is no sense in my opinion to compare therapeutic success of EPTB with the one recommend by WHO for PTB. 85% is a number specifically calculated for epidemiological TB control and does not fit EPTB forms

We rephrase it to read “EPTB treatment success rate in this study was high and identical to the nationwide pulmonary TB therapeutic success rate of 75% to 84% reported in 2006 to 2015 (19)(20). This could be attributed to the fact that we assigned a staff to call our patients very regularly to ensure that they all complied to their treatment even when they no longer felt sick; thought this is not always feasible in real life setting. This finding was in line with the stop TB strategy united nations millennium development goals to cure at least 85% of sputum smear-positive TB patients (21)”.

4) Line 12 second page of Discussion “All the patients who died in this study were HIV positively co-infected, but the numbers were too small for a proper analysis”. Still there is no mention to the HIV/TB factors that can affect the treatment outcome such as late diagnosis? HIV/AIDS late presenter? Any information about CD4 cell count, CPT HAART therapy

Our questionnaire did not capture information which could enable us to analyze further in to factors such as treatment duration or the immune status of the HIV/TB co-infected cases; making it difficult to explain factors affecting the treatment outcome of this category of cases.

5) The fact that “Littoral region harbors many referral diagnostic and treatment institutions that pulls many persons from the regions in search for better health service” could have a role in the high percentage of TB/HIV co-infection? Do you think is worthwhile to mention this referral bias?

Yes, we do. But, we also think that this will not be the same picture in other smaller towns of Cameroon.

6) I do not think is correct to measure and compare EPTB treatment outcome with PTB treatment outcome. I would put more emphasis on the advantage of using new diagnostic tool that improve sensitivity to a challenging diagnosis such as EPTB.

Thanks, but we wish to limit our conclusion to size our aim of study which was to look at prevalence, look at the most affected site and treatment outcome. We have proposed the conclusion to read. The prevalence of bacteriologically confirmed EPTB patients treated under
program conditions in the littoral region of Cameroon is high with a therapeutic success of 84.4% and the lymph nodes is the most affected site.