Author’s response to reviews

Title: Risk factors associated with abscess formation among patient with leg erysipelas (cellulitis) in sub-Saharan Africa: a multicenter study.

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Author’s response to reviews:

17 February 2015

Dear Editor-in-Chief,
BMC Dermatology journal,

Re: BDER-D-15-00002
Risk factors associated with abscess formation among patient with leg erysipelas (superficial cellulitis) in sub-Saharan Africa: a multicenter study.

I am pleased to resubmit for publication the revised version of our manuscript: Risk factors associated with abscess formation among patient with leg erysipelas (superficial cellulitis) in sub-Saharan Africa: a multicenter study.

We have addressed each of the reviewer’s comments to improve the manuscript as outlined below.

We very much hope we have provided satisfactory responses to reviewers comments and hope that the manuscript is now acceptable to be published in you journal.

Yours sincerely

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BDER-D-15-00002
Risk factors associated with abscess formation among patient with leg erysipelas (superficial cellulitis) in sub-Saharan Africa: a multicenter study.

Reviewer reports:

Reviewer #1: Good, multicentric study.
Relevant, good methodology.
R: Thank you for your encouraging comments
Were microbiological studies performed on the abscesses? Erysipelas is predominantly streptococcus but abscesses are typically staphylococcus.
R: Microbiological investigation aspects were not part of our study and we have raised this in our limitation section.
Changes in words : ethylism - chronic alcohol intake, pg 4 line 11 - thorough.
R: Changes have been made through the manuscript
Reviewer #3:

This paper is interesting because this is such a common problem amongst these patients.

R: We thank the reviewer for his comments.
The findings are a bit puzzling as the authors state that use of bleaching agents is not significant in their study, but indeed it is at the p= 0.04 level.

R: Indeed use of bleaching agents was statistically significant in bivariate analysis. But during the multivariate analysis, we found that this variable was no more significant. Also, there is a concern with putting the delayed antibiotic use up as such a powerful variable. This variable and how it is measured is not described in this paper. What it from physician or patient documented source? The criteria need to be more clear before standing this entire study on that strong factor. Why was there are delay in the authors’ minds. Very little is discussed about this factor beyond its frequency.

R: Investigating officers were requested to record information on the date of onset of erysipelas and the date of antibiotic initiation as well as the date of onset of abscess base on patient declaration. A patient was considered to have a delay in antibiotic initiation when the period between the onset of erysipelas and antibiotic initiation exceeded 10 days. Need to also define the population better and so it is more clear why antibiotics are delayed more so than the other patients with erysipelas and no abscess.

R: We thank the reviewer for his comment and guidance. Socioeconomic condition of patients may have influenced the delay in antibiotic initiation. But we did not investigate these aspects in our manuscript. We have stated this in limitation section.