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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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 on 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 your 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: This is a good study.
Necessary changes have been made.

R: Thank you for your supportive comments
Reviewer #3:

Reviewer #3: while the authors do address the points made by the reviewers, I do not see that the paper has been changed appreciably. Since the paper is putting the delay in antibiotics forth as a major determinant of cellulitis, the authors must better characterize how this data is captured from the patient. It is not acceptable to state that there may be recall bias and leave it at that. What questions are asked of the patient to determine when the infection began? Are they asked about pain, drainage, redness, etc? This would strengthen the paper significantly.

R: We thank the reviewer for his comment and guidance. We have emphasized on the questions about signs and symptoms in the manuscript. <<In fact during the consultation, patients were asked for the date of onset of erysipelas (debut of at least one of the four the following signs and symptoms: pain, redness, swelling of the leg and warm leg) and the date of antibiotic initiation if antibiotic was started before consultation. In general most of patients have started antibiotics the day of the consultation, but few patients had already started antibiotics before the consultation >> furthermore, <<Once diagnosed, the abscess was incised and drained>>

This has been added in the manuscript See page 4, data collection section)