Author’s response to reviews

Title: Pattern of skin diseases in children attending a dermatology clinic in a referral hospital in Wolaita Sodo, southern Ethiopia

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Version: 1 Date: 19 Feb 2019

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Response to Reviewers

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(BDER-D-18-00063)

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Version 1: Date February 12, 2019
Thank you for your critical but supportive review of our manuscript for publication in BMC Dermatology.

We have responded to the reviews and revised the manuscript according to the reviewers’ constructive comments.

Response to Editor’s comments

1- The term “Dermatosis” refers to skin condition. The sum of “Skin” and “Dermatosis” is incorrect. Please correct it whenever you used.

- The comment is accepted and incorporated. Skin conditions, Dermatosis and skin dermatosis were deleted and changed to “skin diseases”.

Page 2, Lines 37, 40, 48 and others

2- In the abstract, what do you mean by new skin dermatosis? New?

- Here we have used the word “new” to describe only newly diagnosed patients recorded in the register rather than follow up patients. We have reflected this correctly

Page 2, Lines 37, 40, 139 and 166

3- In the list of keywords, please delete the words “SORT IT”, and “Operational research” and add the word “epidemiological study”. Additionally, please rearrange the order of words based on their significance in searching.

- We have added “epidemiological study” and deleted operational research but would like to keep “SORT IT” as this paper was produced during a WHO-accredited operational research course and “SORT IT” might be a significant search word.

- “pediatric, skin diseases, epidemiological study, hospital-based, SORT IT, Ethiopia”

- Page 2; Line 53
4- Please correct the dictation of “cellulites” in the table. Cellulitis is correct one.

- The word has been corrected -Table 2

5- As you mentioned in the “Discussion”, a hospital-based study, particularly dermatology-clinic based study, can’t give a general epidemiological view of skin diseases in the general population. I think if you assessed the frequency of skin disorders among children who had been referred to general pediatric clinics, you could had gotten more conclusive results. Please note this point in the “conclusion” and give my thought as suggestion for planning more precise research.

- Thank you for your observation. In fact, all children attending the hospital with dermatology complaints were seen at dermatology outpatient. But children who had skin problems sometimes treated with internal referral linkage from pediatrics outpatient department.

6. Assessment of children who were referred to dermatology clinic has a selection bias. Because mainly patients with a relatively severe dermatological conditions are referred to specialized clinics. Cases with milder skin conditions are treated in general pediatric centers. This is another significant limitation of your study, so that the findings of your study can not be generalized to the general population. Please add this point as a limitation of your study.

- The comment is well accepted and correction was taken.

- Page 8 lines 229-232

Reviewer #1 Response

1. This study comprises a review of hospital attendances of children attending for the diagnosis and treatment of skin conditions in a single hospital in Southern Ethiopia. It therefore provides a snap shot of what is seen rather than what actually occurs in the area

- Yes, we have stated it in detail in the study setting and included as it as study limitation.

- Page 5 lines 142-143 and page 8 lines 229-230
2. At what altitude is this community situated and how much seasonal variation is there in temperature?

- The altitude of the Wolaita zone ranges from 501 to 2738 meters above sea level.

The annual average temperature of the zone is 21.9°C and there are two seasonal variations only for temperature.

- We have added this information in the general setting of methodology. Also we have described it in detail on Page 4 lines 116-118

3. I am assuming that the diagnoses were based on the expertise of the trained dermatologists rather than through the use of any classification system e.g. for atopic dermatitis. Is this correct?

- Yes the diagnoses were made by trained dermatology staff (see comment 2 in Reviewer 3’s comments) but the study relied on the documentation in the records and we could not verify the diagnoses.

4. Do the authors mean cellulitis rather than cellulites.

- Yes, it has been changed in Table 2.

5. With tinea capitis -did this include any cases that clinically resembled favus?

Since we have collected this retrospective data from the dermatology outpatient register, we could not determine specific variants of Tinea capitis. However, this may have been included among Tinea capitis cases.

6. Are there any local endemic diseases eg podoconiosis or onchocerciasis in this area?

- We had classified podoconiosis and folliculitis decalvans as on the category of miscellaneous diseases and merged as “other”. (On table 2). But there was no diagnosed case of Onchocerciasis on the register with the age group of our study.
7. Did the investigators also examine children (or their clothes) for head or body lice infestations?

- Yes, physical examination of the children was done as part of standard practice in the dermatology unit.

Reviewer #2 Response

1. This is a large retrospective analysis of pediatric dermatologic disorders in Ethiopia. Since larger collections of data have not been published before for this region, the work is of interest.

- Thank you for this comment.

2. Please comment on the way patients were referred to the medical center. Have follow-ups been possible for infectious diseases: Was an identification of pathogens possible? If the answer is yes, please add the information. Please adapt the style of references to the journal.

- Wolaita Sodo Teaching and Referral Hospital Dermatology Unit saw all patients who presented therewith any dermatological diseases. They were screened first at the central triage of the hospital, and then sent to the Dermatology Unit. Other patients were referred from nearby health facilities. But here in this set up some patients come with referral from their first visited nearby health facility and other come without referral.

- This hospital is the only hospital providing dermatology service within Wolaita zone, which is the main reason patient to be treated without referral paper.

- Follow up service is available for appointed cases as well pathogen identification like culture is not available. However like gram stain, KOH, skin smear test and certain histopathology tests done in this hospital.

- This was explained on page 5 lines 134 -139.

Reviewer #3 Response for reviewer #3
1. In the Abstract, Results section the word new skin dermatoses was used. Where all cases new or some were cases who came for follow-up having the same disease, i.e. eczema?

- Yes, all cases recorded in the study were newly diagnosed; follow up patients were not included. As you indicated, patients with eczematous problem may have visited the dermatology clinic frequently, but follow up visits were not included.

2. For diagnosis, it was mentioned that there were two individuals with Masters in Tropical Dermatology. Can you expand on this and explain their exact qualification. Were they general practitioners who had undergone a special course? If so, for how long? Also, the dermatologist was only present for six months in the study, is that correct?

- Most of the care at the clinic was by two MSC in Tropical Dermatology professionals who have a Bachelor of Nursing and then trained as Master of Science in Tropical Dermatology for two years and seven months by senior specialists at Dermatology and Venereology department in college of health sciences and medicine, Mekelle University, Ethiopia. They work to fill the gap of dermatologists within Ethiopia. A specialist dermatologist was only present for six months of the study period.

- The institution also using these graduates to provide dermatology course at school of medicine and providing dermatology service at dermatology clinic.

3. Maybe the number of Tables could be reduced, i.e. Table 4.

- Thank you for your suggestion, but we would like to retain Table 4. We do not think four tables are excessive and each one conveys a message.

4. What was the reason for HIV testing not being done in a large number of eligible patients for testing?

- It was due to shortage of testing kits, staff commitment and patient overload.
5. Any speculations why viral diseases were less in this study?
- A possible reason may be that most children first visit health centers, primary hospital, and nearby private clinics for viral exanthemas cases like, measles, chicken pox and etc. They are self-limiting and could easily be managed at primary care level, but we cannot be sure.

Additional editions

1. The word “find” were changed with “describe” on page 2line 32

2. The word “…..this study gives ‘baseline’…..” was changed “…..this study gives ‘ snap shoot of’ …..” page 2 line 49

3. Correction were taken on contribution to “contributions” page10 line 275

4. The word “Proposal” changed to “protocol” page10 276, 277

5. The word “Involved on” changed to “involved in” page 10 lines 278,279

6. This phrase “and agree to abide by its decisions” was also deleted from page 10 line 279

7. Corrections were done on the “Availability of data and material: Data used and analyzed during this study is not available for online access but interested readers can communicate with the corresponding author.” Page 11 lines 268-269

8. As per the journal style other corrections also done page 9 line 257 and page 10 line 271

9. Correction were taken for references from page 11-13