Author's response to reviews

Title: The clinical diagnosis of Pelvic Inflammatory Disease-- reuse of electronic medical record data from 189 patients visiting a Swedish university hospital emergency department

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Author's response to reviews: see over
Dear BioMed Central Editorial Team,

Thank you for your positive review of our manuscript. In the attached pages, we have addressed all the points made by the reviewers, which were very useful for improving this work.

Yours sincerely

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Comments from the Editorial Board:

#1. We recommend that you ask a native English speaking colleague to help you copyedit the paper.
A native English speaking colleague has helped us to edit the paper.

#2. Could you also please go through the manuscript formatting checklist, the link to which is provided at the bottom of this e-mail, and ensure that your revised manuscript conforms to all of the points.
We have gone through the manuscript formatting checklist and hope that the manuscript conforms to all of the points.

We hope you can return your revised manuscript within three weeks (i.e. by 14 June 2006).

Reviewer’s Ian Simms report;

General
#1. Any epidemiological study of PID is difficult to undertake, and the following comments should be seen in this light. However, I found that the focus of the study difficult to identify. A variety of themes are included at length in the discussion (the prevalence of chlamydia within the local population; national chlamydia screening within Sweden) all of which are not directly related to the study.

We agree and have shortened the discussion. For example, the paragraph on the prevalence of chlamydia within the local population and national chlamydia screening within Sweden has been deleted. In total 154 words from the original discussion has been deleted.

#2. Having read the paper through I think that the aim of the study needs to be changed as it is concerned with how closely the diagnostic criteria fitted the CDC guidelines, not the basis for the diagnosis of PID.

We have thought a great deal on this comment. However, we feel that the question on how closely the diagnostic criteria fitted the CDC guidelines is not feasible to answer within the frameworks of a descriptive study. Therefore, we prefer to keep the aim as follows:

“The aim of this retrospective study was to describe the clinical basis for the diagnostics of PID in a Swedish hospital setting and compare them with the diagnostic criteria of the CDC 2002 Guidelines.”

#3. Either way the study is viewed, there is a fundamental problem with the fact that the cases that were mis-diagnosed are not included. I would have thought that is was better to look at all cases that meet the diagnostic criteria and then analyse all the cases.

We agree. We have mentioned this problem in the limitation section (page 11, paragraph 5): “As inherent in all studies of clinically diagnosed PID, some of the patients in this study did not have PID.”

We have also added the following, new sentence (page 11, paragraph 5):

“Additionally, our data did not allow us to include missed cases of PID, as the extracted electronic medical records of the 189 patients only included diagnosed cases of PID that were based on the ICD codes.”

#4. It is also worth remembering that the CDC guidelines are not just based on available clinical evidence, other issues such as US public health policy relating to the US medical system and the political climate, also influence the guidelines.

We agree. However, this issue is complicated and we have therefore chosen not to include it in the discussion.

#5. The authors need to include more reference to the other studies that have looked at the quality of PID diagnosis.

We agree. The following sentences are new; please see the last paragraph before the conclusions:

“The authors of a retrospective chart review set out to determine whether emergency department practitioners at an urban teaching hospital in the US complied with the CDC guidelines for diagnosing and treating sexually transmitted diseases. They found a number of deficits in the adherence to recommended guidelines (Kane BG, Degutis LC, Sayward HK, D’Onofrio G. Compliance with the Centers for Disease Control and Prevention recommendations for the diagnosis and treatment of sexually transmitted diseases. Acad Emerg Med. 2004 Apr;11(4):371-7). A national study from England and Wales assessed the quality of the diagnosis and treatment of PID in general practice. The findings of that study reflected a low disease awareness and sub-optimal management of PID, which the authors concluded was a fundamental obstacle to effective disease intervention (Simms I, Vickers...

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

#6. In view of the comments above, I suggest the aim of the paper is re-thought and the data re-analysed. At present no statistical analysis is included: this need to be shown. Please see answer to #2 above. In addition, this study has a descriptive approach. If any particular statistical analysis is requested, please let us know.

#7. The discussion should be re-thought and focused on the findings of the study. In the existing text several of the comments made are not interpreted correctly. For example, the mandatory notification of chlamydia cases resulted in a lower success rate in partner notification, which probably compromised the screening initiative (page 10). At present this is not how this statement appears in the text. We agree and have shortened the discussion. In total 154 words from the original discussion has been deleted. In addition, we have added the following, new sentence (please see the beginning of page 10): “However, despite (or perhaps even because of) mandatory notification of CT cases, doctors did not test a sufficient proportion of the PID patients for CT.”

Reviewer’s William Risser report;

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

This is a potentially interesting paper.

#1. I think that the authors should concentrate on discussing what the MDs are doing correctly and incorrectly in their evaluation of PID rather than presenting a more general paper that discusses this but also presents a lot of clinical information on the patients. The presentation and diagnosis of PID and the characteristics of patients is not new information. We agree and have shortened the discussion. In total 154 words from the original discussion has been deleted.

They can discuss:

#2. That the MDs are using bimanual exams to diagnose PID correctly, in accordance with CDC guidelines (this organization is called the Centers for Disease Control and Prevention)

The second sentence in the third paragraph in the discussion section has been rewritten as follows: “The doctors in this study performed a bimanual examination on all 189 patients, and found that all had cervical motion tenderness or were tender over the uterus and/or the adnexa.”

We have also added “…and Prevention” where the CDC organisation is mentioned in the text.
#3. That they are failing to test for chlamydia and gonorrhea and why this may be bad. They should discuss at this point the need to treat partners for both organisms whatever the test results on the patients. If they have data on whether the patients were told to ask their partners to get treated, this would be interesting to include.

The following sentence is new (page 9, third paragraph, last sentence): “The low testing rate for CT in the present study could have resulted in inadequate treatment of partners and the subsequent reinfection of some women after antibiotic treatment.”

Unfortunately, data on partner notification is incomplete.

#4. That ultrasound is being overused. It doesn’t help much in ruling in or out mild to moderate PID and it is unlikely that the clinicians were worried about other diagnoses that require US in 82% of these patients.

The following sentences in the discussion have been rewritten (page 10, last paragraph): “TVS was performed among a large proportion of our patients, possibly to exclude differential diagnoses. It is possible that TVS was overused, because TVS cannot rule out mild to moderate PID, and none of our patients had TVS-specific signs at the TVS examination.”

We have also included several new references in the discussion on the use of ultrasound to diagnose PID and added new text. Please see #6 below.

#5. Other clinical data on the patients could be summarized briefly, but they don’t need nearly as much other information and the tables are too detailed and too long. For example, the data on age and length of symptoms can be presented with fewer categories or with means with standard deviations and ranges. C-reactive protein results can be presented as normal or elevated; and the sonographic results can be discussed in a sentence or two summarizing the significance of the cysts and the fluid.

We have revised the tables and the text in the results section in accordance with the comment above.

#6. In the discussion, they then should compare their findings with expert opinion on the use of ultrasound to diagnose PID; and any other reports that they can find on physicians’ behavior in using accepted guidelines for diagnosing PID.

We agree. We have included several new references in the discussion on the use of ultrasound to diagnose PID and added new text as follows (page 10, last paragraph and page 11, first paragraph):

However, usefulness is probably highly related to each doctor’s experience with using TVS in the diagnosis of PID.”

In addition, the following sentences are also new; please see the last paragraph before the conclusions:

“The authors of a retrospective chart review set out to determine whether emergency department practitioners at an urban teaching hospital in the US complied with the CDC guidelines for diagnosing and treating sexually transmitted diseases. They found a number of deficits in the adherence to recommended guidelines (Kane BG, Degutis LC, Sayward HK, D’Onofrio G. Compliance with the Centers for Disease Control and Prevention recommendations for the diagnosis and treatment of sexually transmitted diseases. Acad Emerg Med. 2004 Apr;11(4):371-7). A national study from England and Wales assessed the quality of the diagnosis and treatment of PID in general practice. The findings of that study reflected a low disease awareness and sub-optimal management of PID, which the authors concluded was a fundamental obstacle to effective disease intervention (Simms I, Vickers MR, Stephenson J, Rogers PA, Nicoll A. National assessment of PID diagnosis, treatment and management in general practice: England and Wales. Int J STD AIDS. 2000 Jul;11(7):440-4).”

#7. The paper is much too long. If they use the above approach, they can tighten it up considerably. For example, there is much too much information about the OGED. They would benefit from having the editorial help of an experienced writer of clinical manuscripts.

We agree and have shortened the discussion. In total 154 words from the original discussion has been deleted and we have also deleted two sentences that included information about the OGED.

Additional changes
Please note that the title has been changed to “The clinical diagnosis of Pelvic Inflammatory Disease— reuse of electronic medical record data from 189 patients visiting a Swedish university hospital emergency department”