Reviewer's report

Title: Use of drug-eluting balloon coronary intervention prior to living donor kidney transplantation.

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Reviewer: Bruno Scheller

Reviewer's report:

The case report is an excellent example of wrong decision making in modern medicine.

1. The patient was asymptomatic from his CAD. Current Guidelines do not support revascularization before non-cardiac surgery in those patients.

2. The patient had Bypass surgery 7 months before. Why was the CX not treated by Bypass surgery on the Background that the CX stent had repeated ISR before?

3. As far as I understand from the text, the patient had at least 3 layers of metal in the CX with two layers of DES including the last DES 5 months before. In this situation, a DCB lowers the risk of repeated ISR but it does not prevent from stent thrombosis in the prior implanted DES. Therefore, it is not a big surprise that after discontinuation of DAPT, there was DES stent thrombosis.

4. In the situation of stent thrombosis with at least two existing DES but absence of ISR (few days after the last PCI), the authors implant another DES increasing again the risk for stent thrombosis. I do not understand the rationale of this approach.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.