Reviewer's report

Title: A systematic review of intravenous gamma globulin for therapy of acute myocarditis

Version: 1 Date: 24 June 2004

Reviewer: Bernhard Maisch

Reviewer's report:

General
The authors review the published data on the treatment of myocarditis and found not that the published data on immunoglobulin treatment for this indication is scarce and needs controlled or randomised trials.
This is of no surprise to me and this is the reason why our institution carries out in the framework of the ESETCID trial a double blind, placebo controlled, randomised treatment arm with CMV hyperimmunoglobulins for CMV myocarditis and with Pentaglobin for adenoviral myocarditis.
The report is well written, but it only describes the obvious dilemma of inadequate trials available for a treatment recommendation.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The authors should emphasize in the discussion the following points:
1. Myocarditis according to the Dallas criteria is obsolete. We advocate the quantitative criteria of the world heart federation’s Council on Cardiomyopathy (>14 lymphocytes and macrophages/mm²) not without reason. Lymphocytes and macrophages beyond 14/mm² are clearly an infiltrate.
2. Treatment should take into account the aetiological diagnosis as assessed by PCR for different cardiotropic viruses e.g. Parvo B19, enterovirus, adenovirus, CMV, Ebstein Barr, influenza, Herpes viridiae and bacterial pathogens e.g. Borrelia and chlamydia. This has not been done by any of the studies quoted by the authors.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

None