Reviewer’s report

Title: Fatal accidental methanol ingestion

Version: 4 Date: 26 August 2009

Reviewer: Jeffrey Brent

Reviewer’s report:

You describe a late presenting patient with severe methanol poisoning who subsequently died despite aggressive management.

MAJOR COMPULSORY REVISIONS

1. The patient was treated with CVVH-DF. It would be useful to have some kinetic information about the clearance of methanol calculated on the basis of what you observed. That would significantly strengthen this report.

2. There are some inconsistencies regarding your reporting of the patient’s initial methanol level. In the Case Report you say it is 4.4 g/L yet your figure describes it as approximately 4.4 mg/L. I assume the figure should be g/L. In your figure legend you may want to describe it as g/L instead of using the symbols you have now.

Comments to Author(s)

Case: 3. What happened to this patient’s colleague who was drinking with him? DISCRETIONARY REVISION

4. Did anybody do a funduscopic examination on this patient? And if so, what were the results? MINOR ESSENTIAL REVISION

5. When you describe the patient as having “signs of severe neurological damage, potentially even brain death” could you provide some more detail regarding the neurological examination? MINOR ESSENTIAL REVISION

Discussion: 6. Please bear in mind that the high anion gap acidosis and a high osmolar gap should also raise the suspicion of ethylene glycol poisoning. MINOR ESSENTIAL REVISION

7. Where you say the maximum methanol concentration was estimated to be 2.5 g/kg please indicate that is based on your calculation and not measured level. MINOR ESSENTIAL REVISION

8. You say that the recommended threshold for treating methanol poisoning is 0.2 g/L. Various numbers are thrown around but there is certainly no justification for that number, although it is often used. It is important to say that this is by tradition and certainly does not have any empirical support. MINOR ESSENTIAL REVISION
9. You tell us in the Discussion that the patient developed diabetes insipidus. Please include this in the case report. MINOR ESSENTIAL REVISION

Conclusions/Key
Messages: 10. The term “numbers” is a bit colloquial. Perhaps it would be better to say “metabolic improvements do not equal to healing the patient.” MINOR ESSENTIAL REVISION

11. Since organ donation was not an issue with this patient, the last point should be dropped. MINOR ESSENTIAL REVISION

Graph: 12. It would be very helpful to include the time period when CVVH was going on on your graph. MINOR ESSENTIAL REVISION

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I declare that I have no competing interests