Reviewer’s report

Title: Detection of small (< 2 cm) pancreatic adenocarcinoma and surrounding parenchyma: correlations between enhancement patterns at triphasic MDCT and histologic features.

Version: 1 Date: 20 May 2013

Reviewer: Marcella Arru

Reviewer’s report:

No Major Compulsory Revisions.

Minor Essential Revisions:

1. Some abbreviations are not defined in the text:
   - CT (computed Tomography): in “Introduction”, 2nd paragraph
   - MSCT (Multislice CT?): in “Multislice CT protocol”, 1st paragraph
   - HU (Hounsfield Unit): in “Multislice CT protocol”, 2nd paragraph
   - kVp and mA: in “Multislice CT protocol”, 3rd paragraph

2. Typing missing/errors:
   - In “Images analysis”, 6th paragraph: “When the difference in attenuation between the lesion and upstream or downstream parenchyma presents values <10 HU, the lesions ARE not recognizable...”
   - In “Statistical analysis”, 1st paragraph “(in HU# } SD)”: its means: “mean ± SD”?
   - In “Results”, 2nd and 3rd paragraphs: “hypo-” is “hyperdense”

Discretionary Revisions

1. In “Materials and methods,” “Patient selection”– first paragraphs and “Histological evaluation” – first paragraph: Pancreatic surgery is better defined as: “pancreaticoduodenectomy, distal pancreatectomy or total pancreatectomy”

2. In “Discussion”, 10th paragraph: “The quantitative analysis at triphasic MDCT increases tumor detection with respect to visual analysis (sensitivity=100% versus 92.1%): It is not clear which are the data in “Results” that support 92.1% sensitivity of visual analysis.

3. In “Discussion”, 11th paragraph: A limit of the study consists, not only in its retrospective nature, but also in the characteristics of patients enrolled in the study, which were all surgically treated patients for a small PDA detected at MDCT, not including patients with an hypothetical misdiagnosis.

4. In “Discussion”, 12th paragraph: The correlation of the histologic features (available obviously only postoperatively) with enhancement patterns at CT could be essential for improve research on methods to detect isoattenuating PDA, but can not have a direct clinical practical role. I suggest to delete “in the clinical
practice”.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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.