Reviewer’s report

Title: Management and Outcome of Bleeding Pseudoaneurysm Associated with Chronic Pancreatitis

Version: 2 Date: 23 September 2005

Reviewer: Peter Malfertheiner

Reviewer’s report:

General
Well written paper on an uncommon but serious complication of chronic pancreatitis. Although surgery is certainly a mainstay of therapy of this condition the authors need to comment more on criteria for selection for surgery and angiography. As they correctly note, there are no randomized trials and likely there will never be, but given the fact that this is such a serious complication it is worth that the authors discuss some more about the potential criteria to select patients for one option or the other. They correctly say that choice of therapy should be tailored towards the individual patient. Therefore, it is important that they provide more data on their patients co-morbiditis and give is some idea on why surgery or angiography was performed first.

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

Abstract: were all tests performed in all patients. No. Please clarify (Methods).
Methods section: follow up 38 months, range 10 to 87 months. Please clarify whether this data excluded the patient who died.
Need to add to discussion that it is possible that the results of embolization were suboptimal due to lack of expertise of the interventional radiologist. This can be reworded, but it is important that authors mention in their discussion that expertise of interventionia radiologist may be an important factor determining success or failure of embolization (page 2 of discussion).

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

Results: patient characteristics:....all patients had (acute) abdominla pain...I would think that all patients had acute abdomen.
Two patients underwent exploratory laparotomy and were found to have bleeding pseudoaneurysms Please discuss ways to improve pre-op diagnosis, and why this patients did not have a pre-op diagnosis of bleeding pseudoaneurysm (I assume that this patients had acute abdomen and signs of exsanguination). Did the surgeon consider the possibility of pseudoaneurysm pre-op, I am sure they did, but providing more data on this patients would help the clinician dealing with this potentially life threatening complication.
Please describe what prompted to decide on angiographic treatment (embolization) versus surgery. Why was not embolization tried in all patients (expertise of radiographers, decision of surgeon to operate, etc).

Page 10, Discussion: By contrast, (in this small series), angiographic....Although an experience with 9 patients is more than most clinicians ever will see, the reader needs to be made aware that only 3 embolizations were performed (with poor success as the authors correctly state. But based on this small numbers it is not possible to reach the strong conclulsion that surgery is better. certainly, surgery appears to be better, but this conclusion cannot be reached from their study.

Page 11, Discussion (paragraph 2, line 16): the sentence.....this observation underscores th importance of treating pseudocysts prophylactically to prevent life-threatening bleeding.... should be deleted or changed, so that the reader understands what types of pseudocysts are meant, as it is
clear that there are many pseudocysts that resolve spontaneously. Please clarify what types of pseudocysts you mean.

Table 2. patient 1....only A as initial treatment (no embolization). A is not treatment (just diagnosis, please clarify).

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 importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.