Reviewer’s report

Title: Cholecystectomy and sphincterotomy in patients with mild acute biliary pancreatitis in Sweden 1988 - 2003: a nationwide register study

Version: 1 Date: 4 December 2008

Reviewer: Hein Gooszen

Reviewer’s report:

This is a review of the paper “Cholecystectomy and sphincterotomy in patients with mild acute biliary pancreatitis in Sweden 1988 – 2003: a nationwide register study” bij
Birger Sandzén et al.

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

Introduction: “In UK guidelines” should be “In the UK guidelines”
Introduction: “Data from nationwide hospital discharge and death certificate register were used” shoud read “Data from the nationwide…. ”
Results: 4 groups are described first here, please already describe them in the methods section.
Results: please do not mention data with groups 1-4 in the text but rather use tables.
Please ask a native speaker to check the full text of this paper. At numerous points in the text words like “the” and “a” are missing

Major Compulsory Revisions
- Introduction: “The complication risk in predicted severe acute biliary pancreatitis, but not in mild acute biliary pancreatitis (MABP), is reduced by early ERCP with or without sphincterotomy [5]”. This statement is too strong according to recent literature, such as Petrov et al, Ann Surg 2008.
- Explain how patients were divided into the four groups: institution policy, doctor’s preference, author’s discretion?
- Discussion:
  - explain potential biases, like in the subdivision into four groups, were age and local preference and patient selection for the different approaches may have played a major role by the type of treatment for the specific clinical and radiological presentation; selection bias and its impact must be discussed here.
  - “Thus, for patients with mild gallstone pancreatitis fit for surgery, cholecystectomy at first admission, with intraoperative cholangiography and concomitant bile duct exploration if necessary is an appropriate treatment”
Laparoscopic bile duct exploration is not a widely accepted technique and there are countries "in favor" and countries "against" at this point in time. Worldwide acceptance is unlikely. Intraoperative cholangiography is more widely accepted but still controversial, even in patients with relatively high risk of common bile duct stones as most stones will pass spontaneously. Please revise these paragraphs, using international guidelines +/- meta-analysis/reviews as references.

- there is a difference in mortality between groups 1-2 and 3-4, please discuss this difference. Is there another source of bias here, in the sense that the older the patient, the more restrictive the surgical approach?

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

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.