Reviewer's report

Title: Inflammatory parameters predict prognosis in infective endocarditis but do not allow for individual prediction of etiology

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Reviewer: Franck Thuny

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Cornelissen et al. reported a single-center study analyzing the prognostic value of procalcitonin (PCT) in patients with infective endocarditis (IE). They found that the serum PCT level at admission is a predictor of bad outcome. This study has several limitations.

Major Revisions

1- Especially, the very small sample size limits the interpretation of the results because it was not possible to perform multivariable analyses and to valid them in another independent cohort of patients. We do not know if PCT level is an independent prognostic factor.

2- Moreover, the combined end-point used is very unusual. Death, embolic events under antibiotic treatment (the time when this event occurred is not provided), and need to perform early surgery are the most relevant events in IE. Septic arthritis or osteomyelitis are rarely associated with a bad outcome.

3- In comparison with the study of Kocazeybek et al., the cut-off value of PCT is very low. How can the author explain this difference?

4- Many baseline characteristics are lacking in the Table 1: comorbidities, results of echocardiography, prosthetic vs. native valve IE... Please refer to other IE-studies.

5- Why did the authors choose the old Durack criteria to select their sample? The modified Duke criteria (Li et al.) are more appropriated.

Level of interest: An article of limited interest

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.

Declaration of competing interests:

'I declare that I have no competing interests'