Reviewer's report

Title: Bloodstream infection following 217 consecutive systemic-enteric drained pancreas transplants

Version: 1 Date: 9 November 2005

Reviewer: Timothy Pruett

Reviewer's report:

General: This review of the infectious complications after pancreas transplantation is very interesting and adds to the overall experience. The patient and graft survival is excellent and the 16% incidence of serious infection/sepsis is significant enough to warrant analysis.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached): As IAI represented the majority of serious/sepsis foci after pancreas transplantation, it is incumbent that the reader know how the source of the IAI. How many of the infections were associated with technical problems; leaks, pancreatic fistula, distant infection (cholecystitis, appendiceal disease etc.) or residual contamination from opening the bowel? What sort of surgical intervention was used to control the infection-open operative or catheter drainage? Could the authors comment using their experience about an optimal approach?

Was the sepsis associated with UTI always related to catheter presence and protracted duration or was there a significant component of neurogenic bladder, stones or preexisting bacterial colonization that was associated UTI sepsis? Is there a patient management recommendation that can come out of the retrospective analysis?

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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) Table 1 could be better formatted.

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Discretionary Revisions (which the author can choose to ignore) What was the duration of antimicrobial therapy? How often was it necessary to alter antimicrobial therapy to effect resolution of IAI?

It would be very helpful if the authors could comment upon the type of pathogens recovered depending upon the source of the IAI. Comments upon the exceedingly low recovery of yeast from IAI would be useful (preemptive anti-fungal therapy?).

There has often been an association of CMV reactivation with other stress events. Do the authors consider the 28% isolation of CMV a pathogenesis of disease association or an epiphenomenon of other ongoing disease?

What next?: Accept after minor essential 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