Reviewer's report

**Title:** Acute pulmonary embolism in the era of multi-detector CT: a reality in sub-Saharan Africa.

**Version:** 3  **Date:** 23 May 2012

**Reviewer:** Fadi Matta

**Reviewer's report:**

**Major Compulsory Revisions**

Background is too long; it could be shortened to a half page.

The predictive value of a normal MDCT is high with a concordant clinical assessment, but additional testing is necessary when the clinical probability is inconsistent with the imaging results [12].

**Methods:**

It would be more appropriate and adequate to determine the clinical suspicion of PE based on Wells score or Geneva Score than the symptoms only.

**Minor Essential Revisions**

**Background:**

Paragraph 2: first line, pulmonary embolism (PE)

**Methods:**

New dyspnea at rest or on exertion, pleuritic chest pain, cough, Calf or thigh pain or swelling, are the most frequent symptoms in patients with PE [Am J Med. 2007 Oct;120(10):871-879.]

**Table 1:**

Row # 9: Male, PE negative (40)
Row # 10: Female, PE negative (60)

**Discretionary Revisions:**

Table 3 could be deleted; the data is well described in the text.

**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