Reviewer's report

Title: Right-sided congestive heart failure symptoms in patients with extensive pulmonary sarcoidosis

Version: 1 Date: 9 October 2012

Reviewer: Ntobeko Ntusi

Reviewer's report:

General impression: This case report by Lonborg and colleagues reports on a patient with sarcoidosis and pulmonary hypertension who was found to have evidence of extensive right ventricular fibrosis/infiltration on cardiovascular magnetic resonance. It is an illustrative and educational report.

Relevance and level of interest: High. Sarcoidosis is a common clinical entity and cardiac sarcoidosis is associated with poor cardiovascular outcomes.

English language: There are several typographical and spelling mistakes in the text. The use of the English language and sentence construction can be improved. If the authors are not first language English speakers, perhaps they can consider obtaining editorial assistance for polishing up the manuscript.

Major compulsory revisions:
The discussion needs to discuss the prognostic significance of LGE in sarcoidosis.
Importantly, the discussion needs to highlight the role of multiparametric CMR in comprehensive tissue characterisation in patients with sarcoidosis and include the role of strain imaging, T2-weighted (oedema) imaging, as well as pre-contrast T1 and T2 mapping (for assessment of interstitial fibrosis and inflammatory burden) post-contrast maps for extra-cellular volume estimation.
It may also be useful for the authors to include commentary on the indications for ICD and/or permanent pacemaker insertion in patients with sarcoidosis and the feasibility of CMR after these interventions.
In both the introduction and conclusion, the authors give misleading information about CMR being an emerging technique in the diagnosis cardiac sarcoidosis. It is important for the authors to describe that CMR is in fact the preferred investigational technique for cardiac sarcoidosis.

Minor issues:
Abstract, second paragraph: typographic error in first sentence of paragraph titled ‘case presentation’. The word ‘server’ should be severe.
In the same sentence above, it is recommended that ‘secondary right ventricle cardiac involvement’ is changed to ‘secondary right ventricular involvement’.
Background, fourth sentence: “As up to 25-80% of deaths from sarcoidosis is cardiac...”. Typographical error: is should be replaced with cardiac. Also, the authors need to check on the accuracy of this claim, and several reports are contradictory. The finding of cardiac sarcoidosis at autopsy is not supporting proof that the cause of death was indeed cardiac in nature.

Background, fifth sentence: In patients with cardiac sarcoidosis, left ventricle is involved...”. Left ventricle should be preceded by the ‘the’.

Background, seventh sentence: “Cardiac magnetic resonance (CMR) is emerging as the preferred investigation in the diagnosis of cardiac sarcoidosis.” I think the authors should be made aware of the fact that CMR is already established as the investigation of choice for suspected cardiac sarcoidosis. CMR emerged as the preferred cardiac investigation over a decade ago for cardiac sarcoidosis.

Background, eighth sentence: The word “server” should be replaced with the word ‘severe’.

In the same sentence, ‘and’ should be added between the words diagnosis and describe.

Case presentation, third sentence: “The clinical examination and biochemistry was unremarkable...”. In this sentence, “was” should be replaced with ‘were’.

Case presentation, last sentence: “… insertion of an implantable cardio defibrillator.” Implantable cardio defibrillator should be changed to ‘implantable cardioverter-defibrillator’.

I have omitted to point out every typographical error in the text. Use of the English language throughout the text needs to be significantly improved.

Discretionary revisions:
The last paragraph of the discussion can be omitted as it is not relevant to the rest of the discussion.

Statistical review: No need for statistical review.

Recommendations:
The case report is not in a state that is acceptable for publication.
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: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: