Reviewer's report

Title: Three-dimensional Drip Infusion CT Cholangiography in patients with suspected obstructive biliary disease: A retrospective analysis on adverse reaction to contrast material and feasibility.

Version: 1 Date: 24 October 2005

Reviewer: A-Hon MD.PhD Kwon

Reviewer's report:

General Comments
The authors say that DIC-CT with an infusion rate of iotroxate governed by the bilirubin value is a feasible and safe tool in patients with and without impaired biliary excretion. However, their discussion is extremely poor and insufficient.

Authors say that biliary excretion might be improved by infusing the contrast media at an infusion rate governed by the bilirubin levels and the contrast media concentration will not exceed the excretion capacity of the hepatocytes. It may be true in the case of reduced excretion by hepatocytes due to inflammation, infection or malignancy. However, the common bile duct pressure rises to 170-220 mm of water following total bile duct obstruction, at which time inhibition of bile secretion is occurred. Authors should clarify the mechanism between biliary excretion of contrast media and bile duct pressure.

Minor Comments
In the protocol for infusion rate of contrast media, they defined 4 hours infusion time for the patients with serum bilirubin levels between 41 and 99 micro-mol/l. However, In Fig. 1, there are 5 patients was injected contrast media within 200 min, although their serum bilirubin levels are over 41 micro-mol/l. These five cases have to add the cases which recommendations were not followed.

What next?: 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: Acceptable

Statistical review: No