Reviewer’s report

Title: MRCP compared to diagnostic ERCP for the diagnosis of biliary obstruction: a systematic review

Version: 1 Date: 27 May 2006

Reviewer: Alan Patrick P Ainsworth

Reviewer’s report:

General
The authors have performed a meta-analysis on MRCP compared with ERCP. The analysis is nicely performed. However, the novelty of this is rather limited because such an analysis comprising the same studies was already published by Romagnuolo and colleagues in Ann Intern Med 2003;139:547-57.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
In the background section, the authors need to explain why they found it worthwhile to perform a metaanalysis on this topic, especially with one meta-analysis already being published but also because all previously published studies have shown that MRCP is a diagnostic investigation with a sensitivity and a specificity comparable to that of ERCP. Thus, there is no suprise in the conclusion of this meta-analysis. In the results section only 28 studies were found to be useful for the meta-analysis. Why was more than 1000 studies not used? Did the authors read all the studies?
In the discussion section the authors quite correctly state that when you compare MRCP with ERCP with the latter being gold standard, MRCP can only be as good as ERCP but not better. Do the authors know of a third undipendable diagnostic test which could be used as gold standard when comparing MRCP with ERCP?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Why have the authors put gallstones in parenthesis after choledocholithiasis in lines 1 -2 in the background section? The is no need for this further explanation.

Discretionary Revisions (which the author can choose to ignore)
The authors use the term "diagnostic ERCP". I know that this term is used by many authors in many journals. However, ERCP is by definition purely diagnostic. You can perform therapeutic procedures like sphincterotomy in combination with ERCP, and thus this is sometimes referred to as "therapeutic ERCP", but there is really no need to say: "diagnostic ERCP".
A complication rate of 5-6% following ERCP is rather low. Most studies that I know of have a rate of around 10%.

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

Declaration of competing interests:
'I declare that I have no competing interests'