L. Gabutti and co-workers conducted a prospective randomized trial comparing acetate versus citrate dialysate in bicarbonate dialysis. The trial is of clinical interest since citrate based dialysate are increasing in chronic hemodialysis.

I have a few comments:

Is it correct that different membranes (1.3 to 2.0 qm surface area) were used in your study population (Table 1). I personally believe that his is a major problem of your since the surface area is an important factor for citrate flux/diffusion into circulating blood. Did you analyze whether surface area had in impact on your endpoint parameters?

Please provide a few more details about the high flux hemofilter used in your trial (e.g. ultrafiltration coefficient).

Calcium gap: what is the rational to take a calcium gap of 0.2 for differentiating rapid and fast citrate metabolizers? Is there a difference between heavy weight and low weight patients or between males and females or between low and high surface area membrane? Are there any data in the literature that support your statement.