Reviewer’s report

Title: Alcohol-Induced Severe Acute Pancreatitis Followed by Hemolytic Uremic Syndrome Managed with Continuous Renal Replacement Therapy

Version: 1 Date: 13 August 2013

Reviewer: Hiroo Kawarazaki

Reviewer’s report:

The authors present a case of AKI following pancreatitis and successful treatment by CRRT.

It is difficult to suggest that CRRT was a successful strategy for treating HUS following pancreatitis since CRRT is mainly a supportive therapy for AKI. However they suggest that CRRT may have shown concomitant effect in therapy for pancreatitis.

Major Compulsory Revisions

The authors state that the patient was provisionally diagnosed with HUS. What were the data that suggest otherwise? What was the pro-thrombin time (PT-INR)? Would DIC not be a differential?

1) How was CRRT done? Hemofiltration or hemodialysis? What was the dose given?

2) When the authors mention RRT or CRRT, they should state if they are mentioning hemodialysis or hemofiltration because some of the statements in the fourth paragraph in the Conclusions are confusing (they are probably mentioning hemofiltration).

3) The authors hypothesize that removal of cytokines and inflammatory mediators by CRRT was related to the remission of pancreatitis and HUS. There is no evidence shown to support this in the conclusions.

Minor Essential Revisions

1) How do the authors define “early” CRRT? How do they think that “early” CRRT was effective.

Acute renal failure (first line in abstract and main manuscript) should be termed acute kidney injury.

Level of interest: An article whose findings are important to those with closely related research interests

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