Reviewer's report

Title: Massive Right-Sided Hemorrhagic Pleural Effusion due to Pancreatitis

Version: 1 Date: 5 December 2003

Reviewer: Paul Ondrejka

Reviewer's report:

General

Discretionary Revisions (which the author can choose to ignore)
The right-sided massive haemorrhagic pleural effusion due to pancreatitis is a rare entity, so it may be interesting to present it as a casuistic presentation. However there are some questions arising about the subject.

It is not clear from the paper whether a concomitant pancreatic pleural effusion caused by acute pancreatitis was developed or a pancreatic pleural fistula caused by the rupture of pancreatic pseudocyst was the cause of the haemorrhagic pleural effusion? In case of concomitant pleural effusion the amylase level of the pleural fluid is similar to that in the serum. In the presented case the amylase level was 2.5 times higher in the pleural fluid than in the serum. This is not a very much remarkable difference. In case of a pancreatic pleural fistula the amylase level in the pleural fluid is usually 15-20 times higher than in the serum and it can reach 100,000 U/L or more.

The case report describes that the chest X-ray examination after the admission demonstrated the massive pleural effusion. From the further information we know that the chest intubation was carried out 6 days later ("abdominal CT scan was carried out on the 8th day of the hospitalisation, two days after the chest tube insertion"). What happened with the patient during the first 6 days? For the demonstration of a pancreatic pleural fistula an ERCP is the best procedure, why it was not carried out?

The 3x4 cm pancreatic head pseudocyst is a small cyst. In a case like this the external drainage could be difficult. The internal drainage of a cyst like this can be carried out endoscopically with the help of abdominal US or CT. On the other hand an external drainage may result a chronic external pancreatic fistula, which later can require an operative solution. Why didn't they try an internal drainage procedure?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests: None