Reviewer's report

Title: Pseudo cardiac tamponade in the setting of excess pericardial fat

Version: 1 Date: 5 January 2009

Reviewer: Rosa Sicari

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This is an interesting case report addressing a common clinical condition: the presence of pericardial fat mimicking pericardial effusion. There are a few issues that authors should address:

1. It is quite surprising how a patient admitted to ICU for acute dyspnoea did not undergo rest echocardiography at admission and the exam was performed only when the clinical conditions deteriorated after coronary angiography. Please comment.

2. On the same line as the previous comment, it is interesting to note that all the scores available to assess risk in ACS patients are blind to imaging. It would be interesting to know authors’ opinion on this particular aspect.

3. In this particular case, cardiac rupture may have been the most suitable option. Why the patient did not undergo CMR?

4. Some of the statements, both in the abstract and conclusions, are a little misleading. In fact, ischemia is the cause of acute dyspnoea and not pericardial tamponade. It would be also very important to have more details on rest echo: wall motion score index, mitral regurgitation, pulmonary pressure etc.

5. Please explain why the surgeon decided to proceed to the removal of pericardial fat.

6. The discussion is too long and should be more focused on some practical issues:
   Keep the several causes of pericardial effusion in post-AMI patients
   Would authors recommend the routine use of echocardiography at admission at ICU?

Minor: Please provide more images (clips, there is no space limit) and Doppler measurements.
It would be interesting to have the echo images at discharge after surgery.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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