Reviewer's report

Title: Cardiopulmonary Bypass Via Common Carotid Artery Cannulation in Redo Sternotomy.

Version: Date: 12 March 2007

Reviewer: Pasquale Mastroroberto

Reviewer's report:

General

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

The case presented by Bhudia and coll. reports the possibility to use in certain situations the right common carotid artery as site of cannulation for cardiopulmonary bypass. I agree with the Authors that this is the first case presented in Literature but I’ve some considerations as follows:

1. The abstract is very short and I hope that it is in according to the “Instruction to the Authors” of this Journal;
2. The type of aortic valve repair (first operation for type A aortic dissection) is not described (subcommissural annuloplasty, valve resuspension, annular plicatio or what?); why a minimal aortic regurgitation resulted severe after 8 months? Could the Authors report a speculative mechanism of this result?
3. In the discussion the Authors refer that the CFA was not used because of lymphocele after intra-aortic balloon pump catheter insertion. The IABP was utilized when? After previous operation or before the aortic valve replacement? The presence of persistent false lumen and aortic valve insufficiency are absolute contraindications to insert an IABP catheter!!!
4. I’ve not seen any reference to the innominate artery as site of cannulation for CPB as reported in Literature (see Banbury MK and Cosgrove DM III in Ann Thorac Surg 2000;69:957, Prifti E et al. In Ann Thorac Surg 2001;71:394-400 and many other references). Please the Authors explain the reasons of this?

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 limited interest

Quality of written English: Acceptable