Reviewer’s report

Title: Relative adrenal insufficiency and hemodynamic status in cardiopulmonary bypass surgery patients. A prospective cohort study.

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Reviewer: patricia lopez

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Authors:
Components attached to diferents departments not specify their qualifications or workplace.

Background:
The objectives of the work is not see the risk factors but if etomidate is a risk factor.

Method:
- Being a prospective cohort study, but did not specify when the term finish.
- Drugs and Immulite Synacthene should bear the R trademark.
- In the sedorelajación perioperative management and analgesia with midazolam, fentanyl and cisatracurium were administered as a continuous infusion rather than bolus, which surprises me because it is usually given an initial bolus.
- Duration of norepinephrine therapy is not refer.
- Define renal failure when creatinine levels are> or equal to 1.5 mg / dl. Based on what parameters to be decided from this number?.
- Complication of surgery are painfully missing.
- Given that many patients make it advisable to ascertain Vasoparalysis fluid balance.

Statistical analysis and results: I see no flaws.

Tables:
The scale of Parsonnet referencia needed.

Discussion:
- It is assumed that hypotension is secondary to adrenal failure as etomidate produces only give us diagnosis central venous pressure, mean arterial pressure and systemic vascular resistance index. It is well known that there are other
causes of shock in patients undergoing cardiopulmonary bypass Vasoplegia, hemorrhage or cardiogenic shock. It should also measure parameters such as systolic volume, lactic acid as an indicator of tissue hypoperfusion or mixed venous saturation.

- Did the authors consider substituting adrenal function with hydrocortisone?