Reviewer's report

Title: Intravenous levosimendan-norepinephrine combination during off-pump coronary artery bypass grafting in a hemodialysis patient with severe myocardial dysfunction

Version: 1 Date: 31 January 2010

Reviewer: Timothy Sakellaridis

Reviewer's report:

Dear authors,

I read with interest the article by Papadopoulos G. et al about the use of intravenous levosimendan-norepinephrine combination during off-pump coronary artery bypass grafting in a hemodialysis patient with severe myocardial dysfunction. It is true that levosimendan has contraindication in patients with end-stage renal disease, although there are some articles stating the use of it. Levosimendan is a very good drug and we have used numerous time in our hospital with very good results. There are some points that I believe they need to be clarified.

-> Major Compulsory Revisions.:
None.

-> Minor Compulsory Revisions.:
1. Due to contraindication of levosimendan in patients with end-stage renal disease, why not using instead the combination of intravenous levosimendan-norepinephrine, the combination of intravenous milrinone-norepinephrine? Milrinone has been approved for short-term support of the circulation in advanced heart failure, without the contraindication in end-stage renal disease patients.
2. For the RV rupture repair, it would be good to state if during the repair the surgical team had to use ECC or no.
3. Could you please state how was mitral valve in the preoperative echocardiography? Was there mitral insufficiency or no? If yes, in the follow-up, due to the remodeling of LV, was there still mitral insufficiency?
4. Did pulmonary hypertension resolve in the follow-up or the patient needed medication? Was the EF improved?

-> Discretionary Revisions.:
1. Was the patient monitored in the ICU with Swan-Ganz catheter or did you use other monitoring device?
2. If you used a Swan-Ganz catheter, and if you still have the data it would be good to state in the table the Systemic Vascular Resistance (SVR) and
Pulmonary Vascular Resistance (PVR).

3. Norepinephrine was terminated 36 hours after surgery or was continued, and if it was continued when the patient was able to be weaned form intravenous inotropic support?

**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'