Reviewer's report

Title: Paroxystic atrial fibrillation as the first symptom of light chain deposition disease: a case report

Version: 5 Date: 10 October 2007

Reviewer: Sonal Singh

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Comments to authors:

General

Revisions necessary for publication

They also need to clarify the main point of their report? Is it to highlight the association between paroxysmal atrial fibrillation and LCDD as the title suggests? Or to suggest that the onset of acute arrhythmias such as atrial fibrillation associated with a slight increase in creatinine might signify a rare disease such as LCDD. Given that patients who present with arrhythmias are also likely to have coexistent CAD, HTN which predisposes to renal failure it would be difficult for clinicians to connect the dots between renal failure and arrhythmias as a manifestation of LCDD.

How does LCDD predispose to atrial fibrillation? Is it via restrictive cardiomyopathy and persistence of substrate? If this is a process similar to Amyloidosis as the authors postulate the atrial fibrillation should be persistent rather than paroxysmal as described here?
The authors need to clarify the timeline of this association between the onset of Light Chain deposition disease and atrial fibrillation? Did the patient have preexisting Hypertension which can also predispose to atrial fibrillation? What investigations were done to rule out other causes of atrial fibrillation (HTN, thyroid, valvular disease?)

Did the authors perform an endomyocardial biopsy in this case to show deposition of light chain?

How long was the follow-up of the patient and what was his prognosis and outcome?

Several other minor typos such as “paroxystic”, “angiotensine” need to be corrected.

References


What next?: Revise and resubmit

Quality of written English: Needs some language corrections before being published