Reviewer's report

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

**Version:** 5  **Date:** 13 October 2007

**Reviewer:** Shih-Hua Lin

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient.

**Has the case been reported coherently?:** Yes

**Is the case report authentic?:** Yes

**Is this case worth reporting?:** Yes

**Is the case report persuasive?:** Yes

**Does the case report have explanatory value?:** No

**Does the case report have diagnostic value?:** Yes

**Will the case report make a difference to clinical practice?:** Yes

**Comments to authors:**

**General comments**

The authors reported a 55-year-old male had paroxystic atrial fibrillation (PAT) as a primary presentation of underlying cause of light chain deposition disease (LCCD). This case report, albeit interesting, some relevant information should be added for improvement and completeness.

**Specific comments**

1. Proteinuria is a common finding in LCCD. Urinalysis or urine protein excretion rate should be added in the first attack of PAT.
2. A/G reverse is also a common finding in LCCD. Serum albumin level should be provided.
3. The figure to show the histological findings of glomerular involvement rather than only tubular lesion in LCCD is more convincing, especially in this patient with nephrotic-range proteinuria and impaired renal function.
4. More importantly, endomyocardial biopsy should be performed to support the
association of PAT related to cardial involvement by LCCD.

Minor comments
1. The normal range of laboratory data can be provided.

Revisions necessary for publication

What next?: Revise and resubmit

Quality of written English: Acceptable