Reviewer's report

Title: When is perigraft air pathological?

Version: 2 Date: 18 May 2007

Reviewer: Wing Tai T Siu

Comments to authors:

General

This is a report to illustrate the presence of perigraft air 2 weeks after abdominal aneurysm repair was not pathological.

- Perigraft infections after aneurysm repair are notorious for nonspecific manifestations and are often indolent with subtle clinical symptoms and signs. Perigraft air is rare beyond 1 week after surgery, however, is not pathognomonic of graft infection until 4-7 weeks after surgery. Supplementary investigations such as indium-111 white blood cell, gallium-67 citrate, or Tc-99m hexametazime scanning can be performed for further evaluations.


- Did the patient experience symptoms of graft infection such as malaise, back pain, gastrointestinal bleeding, raised sedimentation rate, hydronephrosis, or ischaemia from a clotted graft apart from pyrexia?

- Any hemostastic agents (that traps air) placed around the aorto-enteric anastomosis at the time of operation?

- Could the authors specify the scanning method of the CT examination?

- The manuscript should also mention the other reported early imaging features for infection or aortoenteric fistula following aortic aneurysm repair include perigraft fluid, perigraft air, soft tissue attenuation, perigraft extravasation of intravenous contrast, focal bowel wall thickening, pseudoaneurysm, and paraprosthetic extravasation of enteric contrast: a rare and direct sign of secondary aortoenteric fistula.


- However, most of the imaging signs of infection can represent normal postoperative findings, depending on the timing of the imaging relative to surgery.


- The evidence from this case report does not support the concluding statement.

What next?: Revise and resubmit