Reviewer's report

Title: Cystic Fibrosis Presenting as Recurrent Pancreatitis in a Young Child with a Normal Sweat Test and Pancreas Divisum: A Case Report

Version: 4 Date: 26 November 2007

Reviewer: Michele Bishop

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

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?: Yes

Does the case report have diagnostic value?: Yes

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

Comments to authors:

General

I believe the value in publishing this case lies in the association of CFTR mutations and pancreas divisum in patients with recurrent acute and chronic pancreatitis, specifically the lack of response to sphincterotomy. As the authors state, it is well known that patients with CF may present with recurrent pancreatitis (pancreatic sufficient group) as their disease defining illness. And it is also widely known that 10% of the general population have pancreas divisum. The authors do a good job in a concise way of pointing out the controversy about divisum as a cause of pancreatitis, perhaps only in a group with genetic predisposition such as CFTR mutations. There is little published data however on results of treatment of divisum (sphincterotomy) in well documented cases with two CFTR mutations. Perhaps this case report will deter sphincterotomy in children (and all patients) with idiopathic recurrent acute and chronic pancreatitis, and should suggest in the pediatric practice what we have tried to stress for many years in adult practice, that genetic studies for CFTR and hereditary pancreatitis (PRSS1 or cationic trypsinogen mutations) should be considered on patients (especially younger than 45 years of age) with idiopathic recurrent acute...
and chronic pancreatitis prior to invasive procedures. ERCP was used very early in this patient's care which may be the only criticism of the case, in an age where safer technology is now the standard of care and in a center where those technologies are certainly readily available (MRCP, EUS, etc).

Revisions necessary for publication

Eliminate the word "necessary" in the discussion sentence about the benefits of minor papillotomy and stent placement in pancreas divisum and the controversy and high rate of "necessary" reinterventions.

What next?: Accept after minor revisions

Quality of written English: Acceptable