Reviewer's report

Title: Pancreatitis with an unusual fatal complication. The risks of Endoscopic Retrograde Cholangio-Pancreaticography: a case report

Version: 7 Date: 6 March 2008

Reviewer: Andres Gelrud

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This case report is very interesting and even thought massive fat pulmonary embolisms have been previously reported as a complication from acute pancreatitis, there are no recent reports of this tragic complication.

The following modifications and clarifications are requested:

Abstract:
Under “After an uneventful recovery..” please specify the day. For example: On day ___ following the ERCP…

Introduction:
- If you are specifying a time “For more than 15 years ERCP…” please give a reference.

Case history:
- Line 4. Please change right upper part to right upper quadrant.
- Please specify laboratory data including AST, ALT, total bilirubin, alkaline phosphatase, latter on you mention that the laboratory data was normal but we don’t know the numbers.
- Please specify how dilated was the common bile duct by ultrasound in mm.
- Consider changing “A small macroscopically normal papilla…” to a normal major papilla…
- QUESTION. Did the repeat Abdominal CT 7 days latter was with IV contrast? Were the abdominal CTs pancreatic protocol (thin cuts)?
- Was a ventilation perfusion scan done or the event was to fast and there was no time to perform the V/Q scan?

Discussion:
- Please give a reference to the 24% of post ERCP pancreatitis report.
- Please give a reference to “Fat embolism usually occurs in the beginning of the pancreatitis” comment.

Conclusions:
- Was the CT scan with IV contrast and pancreatic protocol? We know that regular thick cut CT scan is sub optimal, please specify. Was the CT scan reviewed after the autopsy to assure that it was not miss read? What was the time frame between the last CT scan and the episode of fat embolism?

**What next?:** Accept after minor revisions

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