Reviewer's report

**Title:** Multiple myeloma presenting with high output heart failure and improving with anti-angiogenesis therapy: a case series and review of the literature

**Version:** 2 **Date:** 24 May 2008

**Reviewer:** Cherif Boutros

I am familiar with the literature and believe that this case meets one of the 9 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?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This paper reports a therapeutic option for managing high output heart failure in patients with multiple myeloma.

As a case report including two cases only, the conclusion should be only of a suggestive value recommending further randomized controlled trials or studies including larger number of patients to validate these findings and assess their significance.

For the first patient:

The patient was presented with thrombocytopenia and was started on Lenalidomide and dexamethasone; a combination known to cause hematological toxicity; there is no report of further blood tests, blood transfusion or anticoagulation. I believe it is important to discuss the potential side effects of the treatment, especially as the patient died from bleeding complication.

For the second patient:
The treatment modality can not be based on the result of single anecdotal trial (the first patient). Accordingly the statement ‘Based on the diuresis noted in the first case, it was decided to initiate Thalidomide 50 mg daily and increase the dose to 200 mg over the next 4 weeks- page 7’ should be changed.

The beneficial effect of the treatment noted on clinical exam and cardiac cath values can not be linked to the hypothesis of angiogenesis inhibition inherited to thalidomide treatment and decrease AV shunt without documentation of the AV shunt value before and after the treatment. Normalization of the vascular resistance and the cardiac output can be related to other causes.

In the discussion section:
Inanir et al study, page 7; need a reference.

**Quality of written English:** Acceptable

**Declaration of competing interests:**
I declare that I have no competing interests