Reviewer's report

Title: Diabetic ketoacidosis complicated by the use of ecstasy: A case report

Version: 1  Date: 25 February 2010

Reviewer: Reem Alamoudi

Which of the following best describes what type of case report this is?: New associations or variations in disease processes

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: 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?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

1- The term Insulin Dependent Diabetes (IDDM) should be substituted by Type1 diabetes (T1DM).
2- The preadmission glucose control status should be mentioned, i.e. her last HbA1c.
3- I disagree with the statement mentioned in the introduction "...developed diabetic ketoacidosis secondary to the use of ecstasy. ..", as there is evidence from the case presentation that her metabolic status was uncontrolled for a month prior to presentation. The statement should specify "..ectasy use in a patient with underlying poor control.."
4- The drug as explained by the author is known to cause hyperthermia, however the patients temperature on presentation is not mentioned.
5- I think it is vital to document the chloride and anion gap in the LABs.
6- The LABs show high WBC, what was the differential count, any septic workup done?
7- Urine turbidity for 15 days mentioned, any further evaluation done apart Urine ketones?
8- I think it is important to mention the details of her insulin regimen (type, time, and doses) rather than the total daily dose.
9- Was she discharged only on NPH insulin?

**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests'