Reviewer's report

Title: Paradoxical embolism following thromboaspiration of arteriovenous fistula thrombosis

Version: 1 Date: 6 May 2010

Reviewer: Bibiana Cujec

Which of the following best describes what type of case report this is?: 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 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?: 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 case is confounded by prior demonstration of LV thrombus and lack of an echocardiogram at the time of the patient's stroke.

1. What was the LV ejection fraction when she had the LV thrombus? Was the LV dysfunction felt to be secondary to renal failure?

2. Emboli from recurrent LV thrombus cannot be excluded as a cause of stroke even though the temporal sequence of events also suggests paradoxical embolism from the thrombi in the AV fistula.

3. The TEE still frame is not diagnostic of a PFO as flow is seen in the RA moving away from the transducer and not crossing the atrial septum. A left to right shunt through a patent foramen ovale is less common than a right to left shunt.
Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.