Reviewer’s report

Title: Paralytic ileus due to paraganglioma in a patient with hypertension: a case report

Version: 1 Date: 21 December 2011

Reviewer: Emily Tse Lin Ho

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

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?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

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:

Has this case been coherently reported?

It is unclear if the authors are reporting a case of nonfunctioning paraganglioma or functioning paraganglioma. In the case description itself, there was no clinical evidence to suggest a functioning paraganglioma (history of hypertension that is well controlled, no mention of episodes of with severe hypertension/headaches/diaphoresis/palpitations, only 1 BP reading during presentation that is high 177/100 is not conclusive of a catecholamine secreting tumour). Warranted that some cases are asymptomatic, there were no biochemical investigations described here to prove this is a functioning lesion (plasma normetanephrine or 24 hour urinary collection for metanephrine and catecholamines should have been performed and an MIBG scan done to confirm
and localize lesion).

Following this the discussion section starts describing presentations of non-functioning paragangliomas after which the authors started qualifying how their case presented with paralytic ileus (which can be a presentation of functioning paraganglioma) but had no hypertensive crisis (was this to suggest that it was a nonfunctioning lesion?). In cases of paragangliomas that are secretory, triple antihypertensives generally will not mask all symptoms.

There was no mention of preoperative preparation of the patient with alpha blockade or volume expansion which is critical to prevent a hypertensive crisis. If paraganglioma was a differential on diagnosis, this would be important. Were there any perioperative complications?

There are reported literature of cases of paralytic ileus in phaeochromocytoma that responded to alpha adrenergic blockade and fluid (this was mentioned in the author’s discussion as well). Was this attempted with the patient

Comments to authors

1. Need to have biochemical measures of functional status of the paraganglioma. Only functioning paragangliomas (due to circulating catecholamines) have the potential to cause paralytic ileus. It is not clear from the case description if this was a functioning lesion.

2. More detail on the history of the case would enhance the write up. Especially blood pressure trends, any history of spells of hypertensive crises.

3. References were not accurate. Eg Reference (1): Functional paragangliomas secrete norepinephrine and normetanephrine and account for 30-60% of the tumours. This fact was not found in reference (1)

4. Worthwhile to engage an endocrinologist in the management and write up of this case

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

Declaration of competing interests:

No competing interest to declare