Reviewer's report

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

Version: 1 Date: 26 December 2011

Reviewer: Ismael Capel

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?: 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?: No

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?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

It is a clinical report of a retroperitoneal paraganglioma presented as a paralytic ileus. The case is rare and clinically relevant, but there are some aspects in the written that should be reviewed.

1. In the abstract, at the introduction, it is said “Retroperitoneal paragangliomas are extra-adrenal pheocromocyctomas...They can be found in various body sites, including skull, neck...”. So, the reference is generic for all paragangliomas and not to retroperitoneal specifically.

2. There is a different nomenclature of the figures in the text and in the pictures. In the text you say 4b and the picture is marked as 5, and in the text 5 corresponds to picture number 6.

3. In the discussion it is said “In differentiating functioning from nonfunctioning
paragangliomas. CT and RM, unlike MIBG scintigraphy, are not useful.” The phrase is cut and the first point shouldn’t be and you should observe that sometimes there are nonfunctioning paragangliomas with positive MIBG uptake (see the case described by Arrabal-Polo MA et al. Ann R Coll Surg England 2010; 92(3):W17-9).

Quality of written English: Acceptable