Reviewer's report

Title: Densities in the left innominate vein after removal of an implantable venous device: the importance of a differential diagnosis

Version: 2 Date: 27 February 2012

Reviewer: sherif shehata

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?: Yes

Does the case report have explanatory value?: No

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:

The case is worthy to be reported.
There are some quiries to be clarified:

As it is routine practice to send the tip of catheter to culture why not to send it for histopathology to rule out any missing parts??

Why the suspecion of missed part came despite you are sure of complete retrival of CVC?

Did the thrombotic Lt innominate vein get recanalized to what percentage in follow up, this can provided by Dupplex study . If available will add to the case description.

In your discussion section:
Why you choose to use the same side vein to reuse, Is it more convenient to shift to Rt side which is even anatomically easier?

Do you think that the catheter material has a role in the occurrence of this rare complication?

For instance is polyurethane or silicone will be OK for long time use indwelling CVC or better to speculate manufactured PTFE material for such CVC specially for long time placement?

Based on your experience, What is the best guidelines you postulate to prevent this complication to occurs.

Thanks

Quality of written English: Acceptable