Reviewer’s report

Title: Chlamydia pneumoniae ARDS: successful treatment with extracorporeal membrane oxygenator; a case report and diagnostic review.

Version: 3 Date: 25 August 2011

Reviewer: Dimitrios Lagonidis

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

unusual presentation of a disease treated by an unusual technique; diagnosis 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?: 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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

REVISIONS NECESSARY FOR PUBLICATION

DISCUSSION In reviewing the revised manuscript, I found that the authors did not answer my points sufficiently regarding the use of ECMO in severe ARDS. I insist that the authors should discuss more extensively this issue referring to the most recent bibliography (see below).
The issues that would be gone through are: methodology, rationale (based on physiological points eg the rest and/or protection of the lung), types (with or without pump, removal of CO2), timing of application, implementation during transfer, experience from other countries (Italy).

The discussion about the ECMO would be advisable to be 2 pages more or less. In this way a fine balance between it and the extensive discussion on the diagnosis of the pneumonia could be nicely achieved.

a) Intensive Care Medicine 2011;37(9):1447-57
b) Crit Care Clin 2011;27(3):627-46
c) Crit Care Clin 2011;27(3):609-25
d) Current Opin Crit Care 2011 Aug 5 (epub ahead of print)
e) Perfusion 2011;26(1):7-20
f) Semin Cardiothorac Vasc 2009;13(3):146-153

CASE REPORT In the 5th paragraph I would suggest to write down only the laboratory findings without the characterizations acute Renal Failure (ARF), rhabdomyolysis etc. I am personally not convinced that the patient had Disseminated Intravascular Coagulation with PLT 166000 and INR normal or ARF with creatinine 1.7 with no comments on urine output (RIFLE criteria).

Quality of written English: Acceptable