Reviewer’s report

Title: Unenhanced multidetector computed tomography findings in acute central pulmonary embolism

Version: 0 Date: 03 Mar 2019

Reviewer: Klaus Irion

Reviewer’s report:

The authors present a manuscript on non-enhanced CT scan of the chest for the diagnosis of acute central pulmonary thromboembolism.

The authors defined acute central embolism as a clot in the main right or left pulmonary artery.

The paper is well written and the topic is interesting. The presence of enlargement of the pulmonary artery and increased attenuation of the pulmonary artery in the non-enhanced scan have shown an specificity of 100% for pulmonary thromboembolism, with a modest sensitivity (72%). As per the authors, the AUC was much larger than that of a Wells score.

The ethics committee approved the study and the consent was waived (retrospective analysis). The authors informed that theirs CTPA protocol include a pre-contrast phase, an arterial phase and a venous phase scan.

The figures are appropriate.

The references are pertinent to the study.

I would suggest minor changes to the conclusion, as per below:

"Non-enhanced MDCT has shown better performance than Well's score for confirming acute thrombi in the main right or left pulmonary arteries, but cannot rule out pulmonary thromboembolism."

Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**

If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**

Please indicate the quality of language in the manuscript:

Acceptable

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