Reviewer's report

Title: Life threatening intracerebral haemorrhage following Saw- scaled viper (Echis carinatus) envenoming-Authenticated case report from Sri Lanka

Version: 2 Date: 21 November 2012

Reviewer: Georges Mion

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Minor Essential Revisions

- Have the authors an explanation why bites are considered as rarely fatal in Sri Lanka ? Is the treatment particularly well codified? Do most victims receive antivenom therapy?

- I disagree with the authors statement that antivenom was inefficient. Clearly, antivenom was administrated 3 hours after the bite and the headache had begin yet. So, I think the blood was completely incoagulable and the bleeding took place early, before the administration of antivenom.

- Can the authors explain whether the dose of 10 vials is the usual dose., and how much is the total liquid amount administered (200 or 2000 mL) ?

- The neurological signs indicate a third cranial nerve paralysis, and the CT brain clearly shows a deviation of middle line and a ventricular collapse thus involving, despite the normal fundoscopic examination, a rise in intracranial pressure, explaining headache.

- Blood was clearly coagulable after antivenom administration. So, despite the persistence of headache after antivenom administration, the authors cannot rule out that the treatment was efficient. As they state in the title, an intracranial bleeding is life threatening. Antivenom had probably stopped the extension of the intracranial hemorrhage, explaining that the patient could survive without a surgical intervention. There is no reason why antivenom would have stopped headache and neurological signs as long as the hematoma was present.

- What do you call “blood picture” ?

- The interest of this publication is that this very rare complication was not expected in a healthy young man.

- I disagree that VICC is characterized by slightly prolonged PT. In Echis envenoming, PT as APTT and fibrinogen are very markedly disturbed (Ref Mion G, Larréché S. Antivenom therapy is efficient in Viperidae bites, fresh frozen plasma probably not. Am J Emerg Med. 2009;27:247-8).

- So the real question is not whether antivenom was efficient, but whether antivenom should have been administered as soon as the patient came to local hospital, when the local bleeding could be a sign of systemic envenomation.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare no competing interest