Reviewer's report

Title: Bleeding from gastrointestinal angioectasias is not related to bleeding disorders - a case control study

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Reviewer: Augusto Federici

Reviewer's report:

The authors have approached an interesting topic, namely the role of acquired hemostatic defects in the bleeding tendency from gastrointestinal angioectasias and they wanted to organize a case control study. However the design of the study is not clear since the authors do not describe in detail the time of the enrolment of patients and controls. Moreover the description of the VWF methods and results should be better described especially in those patients who showed abnormal values VWF activity and of VWF multimers

MAJOR POINTS:

1) Methods and Design of the study page 6: The design of the study is not described in detail. If this is really a case control study, the enrolment of the each patient and his/her control should be organized at the same time. Did the authors use this approach? Since the outcome of this case-control study is to evaluate the causes of the GI bleeding the withdrawal of blood to test hemostasis abnormalities should be performed when bleeding occurs. Did the authors use during this case-control study blood samples obtained during the day of bleeding?

2) Methods for VWF activities and VWF Multimers: The authors used commercial tests for VWF activities but they do not report any data of CV of these test and no information about calibration against International Standard. For VWF activities. This should be added.

3) Methods for VWF Multimers: The authors used one of the most sensitive techniques to assess VWF multimers by SDS-gel-electrophoresis followed by western blot and tried to calculate the amounts of large, intermediate, low VWF multimers by densitometric analyses. Which agarose did they use and which concentration?

4) Results page 9: The authors have summarized the data of patients versus control in one single Table and have provided values of statistical difference. However they also report two patients with prolonged bleeding time and two with loss of the high molecular weight multimers. I think it could be useful to prepare an additional Table showing all the parameters found in these four cases.
5) Discussion It is well known that the mechanism of the acquired von Willebrand syndrome of patients with gastrointestinal bleeding is always associated with aortic stenosis or other cardiovascular disorders. No data have been reported on the specific role of VWF in GI angioectasias: therefore several statements and comments are inappropriate and should be modified with comments based on published data.

MINOR POINTS

Please use capital letters for VWF abbreviations: VWF:Ag, VWF activity, VWF multimers