Reviewer's report

Title: Life-threatening hypersplenism due to idiopathic portal hypertension in early childhood: Case report

Version: 2 Date: 7 April 2010

Reviewer: moritz M ziegler

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Major Revisions:
1. The author's have concluded that management of IPH may best be done by splenectomy when secondary sequestration is a complication and the normalization of the liver and disease process has indicated the role of the spleen in its etiology. However, the author’s have made no mention of the well-described observation that splenectomy or even splenic transposition may be an effective treatment of portal hypertension alone, and the reduction in the degree of flow thru the spleen into the portal circulation would be expected to enhance liver function and reduce portal pressures post-splenectomy independent of any causality of the spleen and IPH. eNOS, VCAM-1, and ET-1 may play a role in the pathogenesis of IPH, but it is equally plausible that the author's are reporting a secondary benefit of splenectomy in portal hypertension reducing portal pressures. This requires elaboration in the manuscript.

2. The author's have made no mention of the possible role of partial splenectomy in this IPH disease management. This would have the benefit of treating the high-flow portal state yet salvaging portion of the spleen for protecting the infant from blood post-splenectomy infections.

Minor Revisions:
1. A series of spelling and grammatical errors require correction.

Discretionary Revisions:
1. The illustrative figures and tables are valuable and add positively to the quality of the manuscript.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
I declare that I have no competing interests.