Reviewer's report

Title: Anticoagulant therapy for nodular regenerative hyperplasia in a HIV-infected patient

Version: 2 Date: 24 September 2009

Reviewer: abdul nadir

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All comments are major compulsory

1. The authors write in discussion that perhaps changing therapy from DDI to another ARV resulted in improvement in portal hypertension. The exposure of ARV medication to this patient needs to be clarified. The authors should provide more history of ARV exposure including start date of ARV therapy, changes in the ARV regimen over time and how that correlated with improvement of portal hypertension. It is entirely possible that reversal of portal hypertension occurred as a result of ARV therapy and not anticoagulation therapy.

2. This patient had peritoneal tuberculosis. Peritoneal tuberculosis is another cause of ascites. The authors need to clarify the status of peritoneal TB. They should also outline the relevant therapy used for TB and the timeline of use of TB medications. I have not come across TB medications causing NRH and authors should state that it is not an etiology particularly if the timeline between TB therapy and symptoms was simultaneous. It will be prudent to include ascitis fluid analysis as well to show that it was consistent with portal hypertension based on a SAAG ratio.

3. Please provide the work up for liver disease in the case report. what were the hepatitis viral serologies. Also was autoimmune work up done including ANA and quantitative immunoglobulins. Autoimmune diseases have been associated with NRH as well.

4. The status of HIV disease should also be mentioned with T cell count and HIV viral load as this is pertinent as well.

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 have no competing interests.