Reviewer's report

Title: Leukocytosis and high hematocrit levels yield misinterpretation in abdominal emergency of hereditary angioedema (HAE)

Version: 6 Date: 11 January 2013

Reviewer: Efimia Papadopoulou

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REVIEWER'S REPORT

I have reviewed the manuscript "Leukocytosis and high hematocrit levels yield misinterpretation in abdominal emergency of hereditary angioedema (HAE)".

I would like to provide my detailed comments that, I hope, will help the authors to improve their manuscript.

I suggest to consider the following points:

1. The question posed by the authors is original and purely clinical. The importance of the study is quite limited in the field of Hereditary Angioedema because the number of patients is small and it doesn't actually bring new knowledge (new mutations etc..). Nevertheless, the study has a useful message: it attends to advice clinicians and especially surgeons on a special clinical situation which is HAE abdominal attack.


3. The interpretation (discussion and conclusion) are well balanced.

4. The methods are not well described. They are not detailed and reproducible. The authors should include the C1-INH antigenic and functional investigation in their methods.

Please give explanation for the sentence (Results):" We could not confirm the antigenic levels of C1-INH in half of patients because of Japanese health insurance limitations". In the other half?

5. The weakness of the methods are:

a) The authors based HAE diagnosis on "confirming low levels of C4 is the key for reaching a correct diagnosis"(Discussion). This is incorrect. C4 could be used as screening but not as definitive diagnostic criterion. Low C4 levels can also be found in Acquired Angioedema. Reference provided to substantiate it, is the
following:
b) The authors didn't investigate mutation analysis of C1-INH gene that would be interesting for the genetic character of the disease in this region.
c) C1-INH antigenic levels are not determined in all patients who are not defined to suffer from HAE I or HAE II.
6. The writing, organization, tables and figures are acceptable.
7. The discussion is well balanced.
8. The title and abstract summarizes what has been found. Please take account the remarks proposed.
9. The limitations of the work are clearly stated in the Discussion, although linked only to the small number of the enrolled patients.
10. The authors clearly acknowledge other work in the same field upon which they are building (Discussion).
I send also as a separate file, the manuscript with detailed and constructive revisions. I believe the authors will have the opportunity to ameliorate their paper. I suggest the authors to respond to my comments before a decision on publication can be reached (Compulsory Revisions)

Best regards
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**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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