Reviewer's report

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

Version: 6 Date: 20 February 2013

Reviewer: laurence bouillet

Reviewer's report:

Good work and interesting paper.

The title is not good: you have to change it. For example, "laboratory findings during abdominal attacks of hereditary AE."

Correction key words: C1Inhibitor concentrate...

Abstract: must be corrected by a native English speaker.

Background: I don't understand "sporadic local angioedema"; you have to change it.

Results:
Can you write in the text the median of C4 and C1inh levels?
I would like to know if you have searched correlation between biological findings and clinical data?
Can you give some statistical correlation between severity of attack and WBC count and hematocrit level? Or attack duration or....
Have you found a correlation between elevation of hematocrit and the presence of ascitis, or vomiting?

Figure 2: can you note p between “no attack” and “other parts” (WBC) and others parts and abdomen (for Hct)

Discussion
In the literature, some authors proposed that elevation of hematocrit could be associated with attack's severity.
The main point is that CRP is normal so you have to propose that in case of leukocytosis without CRP elevation, HAE attack must be evoked.

Level of interest: An article of outstanding merit and interest 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.