Reviewer's report

Title: Portal Vein Thrombosis; Risk factors, Clinical presentation and Treatment.

Version: 1 Date: 14 February 2007

Reviewer: Angelo Andriulli

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The paper by Søgaard and coworkers addresses an infrequently explored issue, the clinical presentation, treatment and risk factors for portal vein thrombosis. However, the retrospective schedule of the study affects seriously, in my opinion, the relevance of reported findings and detracts considerably the clinical indication of their conclusion. Indeed, with such an approach one is left wondering about the soundness of some of their recommendations on the value of anticoagulation therapy, the use of prophylactic banding of large varices, and the screening for prothrombotic conditions in all affected patients. As a matter of fact, not all enrolled patients were subjected to screening for prothrombotic factors, of the 48 patients with esophageal varices the primary prophylaxis consisted in endoscopic treatment in 24% and in ß-blockers administration in other 42%, and so on...

Without a pre-planned schedule of treatment and a systematic search for risk factors, the merit of the present report seems relies on the description of clinical presentation and complications of patients with portal vein thrombosis presenting at a tertiary university hospital in Denmark. Therefore, the Authors' aim to describe risk factors and treatment remains unestablished. All suggestions pertinent to the two previous topics need to be tuned down throughout the Discussion.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Minor suggestion:

- in Table 1, among the several prothrombotic disorders appears mentioned “hormone replacement therapy”. According to recent investigations, hormone replacement therapy has been associated to thrombosis only in carriers of a genetic prothrombotic predisposition. Could you, please, discuss this point?

- in Table 1, I wonder whether hepatitis B virus should be enlisted among the abdominal infections which might predispose patients to portal vein thrombosis. While I agree that all other abdominal infection, reported in the Table, might be considered as risk factors, I would suggest to discuss further the point for hepatitis B virus.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

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’ below