Reviewer's report

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

Version: 1 Date: 26 February 2007

Reviewer: Lucio Amitrano

Reviewer's report:

General
The authors deal with a rare disorder whose prognosis and treatment are not yet well established. Thus, further studies are required and the study is timely. Nevertheless, it has many drawbacks:

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
- the present study is retrospective and include 67 patients. Yet, the authors describe a follow-up till death or December 2005. How did the authors follow-up the patients?
  How were the events and death identified? Did the authors loose any patients at follow-up?

- in the methods section, methods utilized for identification of inherited or acquired thrombophilic disorders (homocysteine, lupus anticoagulant,...) have to be described.

- prevalence of clinical presentation of PVT (i.e. modality of onset) have to be described (gastrointestinal bleeding, abdominal inflammation, abdominal pain), and separated from events occurring during the follow-up.

- as imaging procedures are concerned, were the patients submitted only to Doppler ultrasound, TC or MRI or more than one procedures?

- how were cancer and cirrhosis diagnosed?

- lastly, cancer or cirrhosis cannot be considered together with other etiologies in modern studies on PVT exploring natural history since they strongly influence prognosis and treatment. Moreover, since most of the patients are no cancer no cirrhosis patients, it makes no sense to analyze the whole group of patients compared to patients without cancer or cirrhosis. The differences, if any, could not be detected. I strongly advice to separate non cirrhotic non cancer patients from the other and perform an analysis of comparison of the two groups rewriting all the results section.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
- in the imaging section, the sentences are not clear, the total numbers need to be checked.

- how was sensitivity calculated?

- splenomegaly should be considered in clinical presentation not in complication section

- incidence and kind of events during the follow-up have to be described. Did the patients present any further thrombotic complications?

- how was recalcification evaluated especially in chronic PVT where a cavernoma can be present?

- all the points in the discussion have to be reported into the results section first.

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 whose findings are important to those with closely related research interests

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'