Reviewer's report

Title: Acute portal vein thrombosis precipitated by indomethacin in a HCV-positive elderly patient

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Reviewer: Mario Di Napoli

Reviewer's report:

I have the pleasure to read this interesting report on a not previously described side effect due to indomethacin administration in a HCV patient. The Authors describe a possible association between an acute use of indomethacin and PTV. The case is well describe and informative. However, I have several doubts about this association and in my opinion this association is only casual. Also the possible discussed physiopathological mechanisms are plausible but they are not convincing.

For example, the Authors describe that the patient had a "moderate reductions of platelet count, activated partial thromboplastin time and antithrombin (III?)..." In my mind this description reflects a prothrombotic state (may be due to chronic liver disease in the presence of an acute inflammatory status as suggested by WBC count and CRP values). In which way they excluded it?

A short aPTT (as reported at the study entry represents a possible risk factor for hypercoagulability with an increased incidence of thromboembolic events. Did the Authors exclude this possible condition?

At the same time short aPTT is a marker of an increase in thrombin generation. Did they assayed F1+2 levels?

The authors suggest a possible activation of extrinsic pathway however a reduction in aPTT should suggest a prevalent intrinsic pathway activation. In which way they can explain it?

From these points of view, the causal effect of indomethacin appears less evident and only as a casual role. The Authors should discuss these points.

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'