Reviewer's report

Title: Abdominal wall hemorrhage after intravenous thrombolysis for acute ischemic stroke

Version: 4 Date: 18 October 2012

Reviewer: Michael Mazya

Reviewer's report:

Dear Editor and Authors,

Thank you for the opportunity to review the interesting case presentation of an abdominal wall hemorrhage after stroke thrombolysis. I have the following remarks:

Abstract:

1 minor essential: "Clinical recovery was observed after successful recanalization by intravenous thrombolysis (or tPA) and intraarterial thrombectomy."

2 minor essential: recommend slight rewording of the first line of Conclusions in Abstract. This is obviously the first case report of an abdominal wall hemorrhage after stroke tPA. However, with widespread use of thrombolysis, it is fairly likely that this complication indeed has occurred elsewhere, but has not been published. Therefore, I would recommend changing "probably" to "possibly" or some other variant.

Background

3 Major compulsory revision: "only 4 cases of extracranial bleeding have been reported thus far".

This is incorrect. A Pubmed search brings up "Hemorrhagic Complications After Off-Label Thrombolysis for Ischemic Stroke" by Alleu, Mellado, Lichi et al in Stroke 2007; 38: 417-422. This review alone refers to 17 extracranial hemorrhages. Then there is "Thrombolysis for acute stroke in routine clinical practice" by Bravata, Kim, Concato et al in Arch Intern Med 2002;162:1994-2001 who report eight patients. The original NINDS trial reported five. Without having the papers in front of me, I am fairly certain that several stroke thrombolysis RCTs have reported rates of extracranial hemorrhages.

4 minor essential: in all places where the Penumbra catheter system is mentioned, it is spelled with a lower case "p". This should be changed to upper case "P".

5 minor essential: page 2: change "recanalyzed" to "recanalized"

6 minor essential: last line of of case presentation, just before Conclusion: "which makes this case report rather unique".
Strictly speaking, something can be either unique or not unique (please refer to http://dictionary.reference.com/browse/unique). Recommend rewording this phrase to something like "To the best of our knowledge, this is the first description of a case of active bleeding from the abdominal wall associated with intravenous thrombolysis for acute ischemic stroke".

discretionary revision: in many places, you use the word "hyperacute". This term has seen an increase of use in recent years. If in a particular context there is a need to quantify or relativise the "acuteness" of something, I can perhaps see the reason for using the "hyper" prefix. In your manuscript, I do not think the "hyper" adds anything to the reader's understanding, which the regular "acute" cannot accomplish on its own.

Thank you once again for this opportunity and I am looking forward to seeing this paper in print.

With kind regards,

Michael Mazya, MD

**Level of interest:** An article of importance 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.

**Declaration of competing interests:**

I declare that I have no competing interests.