Reviewer's report

Title: Endoscopic Management of Hypertensive Intraventricular Hemorrhage with Obstructive Hydrocephalus

Version: 1 Date: 20 November 2006

Reviewer: Andrea Martinuzzi

Reviewer's report:

General

-------------------------------------------------------------------------------

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

- It is not clear why patients with intraventricular haemorrhage and obstructive hydrocephalus with haematoma extending to the surface should be excluded from the procedure, if the main goal was to re-establish quasi-physiological intraventricular CSF flux at least in the third ventricule. Certainly the whole clot would not be suitable for endoscopic removal, but the clearance of the intraventricular blood might represent for these patients an option.
- It is not clear which is the proportion of the intraparenchimal vs the intraventricular portion of the bleeding, this is particularly relevant for the posterior fossa heamatoma
- A more objective evaluation of severity of haemorrhage (such as Graeb score, or indirect volumetry) and of hydrocephalus (ventricular size or ratio) would definitely improve the solidity of the results
- It is not clear what the authors mean by "...deemed stable" when referring to the pre-operative status of the patients: a precise indication of the timing of intervention is needed
- It should be indicated the exact timing (mean + range) of CT controls.
- Where the patients with posterior fossa haematoma also reached by frontal access?
- Was the infant feeding tube used for IV navigation in all cases or only in some?
- GOS usually is expressed in a five point scale: why vegetative state is not included in the table 2 summary?

-------------------------------------------------------------------------------

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

- Gaab is a proper name and should not be capitalized
- The State in which the instrument is manufactured should be indicated
- A cannula was used? And if this is the case it was used with a holder or free hand?
- The diameter of the operating channel should be indicated, as well as the diameter of the internal catheter
- The size of the microforceps should be indicated (it is quite surprising that much clot could be removed with an endoscopic forcep)
- Why it was necessary to use an electric cauterizer if most of the blood is usually completely clotted?
- It is not clear how it was possible by double approach to simultaneously remove the blood from the third, perform the third ventriculastomy, and evacuate the haematoma from the lateral ventricle if both cavities were inundated
- The third ventriculostomy appears as a reasonable choice for the supratentorial lesions, but it may result very difficult and even dangerous in infratentorial lesions
- The images should be enriched with the case of supratentorial inundation; it is surprising that the image shown be taken after just 5 days post op: is it correct?

-------------------------------------------------------------------------------

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 importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests