Reviewer's report

Title: The HELLP syndrome: clinical issues and management. A Review

Version: 1 Date: 7 October 2008

Reviewer: Everett Magann

Reviewer's report:

Major Compulsory Revisions: None

Minor Essential Revisions

Diagnostic criteria: page 8, line 5 and 6. “However, identification of class 3 HELLP syndrome has little clinical significance”

I would suggest that the authors re-look at this reference # 35, as the conclusion was the Class 3 HELLP syndrome patients were different from women with severe preeclampsia alone and should be closely monitored as they are a ‘clinically significant transition group’.

Page 12 and 13: Sentence at the end of page 12, Isler et al…….. is an awkward sentence and needs to be rewritten. May want to say “primary cause of maternal death in 24%, and a contributing factor in another 45% the deaths.

Page 16, last sentence under “Multiple courses are more effective…….. “Early dexamethasone treatment has been disregareded” is another awkward sentence and somewhat confusing. I think the authors meant to state that ‘Early postnatal dexamethasone therapy should not be recommended for the routine prevention or treatment of chronic lung disease.’

Page 23, second paragraph, 4th sentence, “Lack of appropriate amount of daily diuresis in the postpartum period …….. This sentence needs to be referenced or discussed. Many believe that with severe preeclampsia / HELLP syndrome, that the intravascular volume is depleted of volume and that administration of lasix or other diuretics without evidence of pulmonary edema or without evidence by central monitoring of volume over load will lead to further renal insult and acute tubular necrosis or cortical necrosis.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
No competing interests