Reviewer’s report

Title: Delayed-onset heparin-induced thrombocytopenia presenting with multiple arteriovenous thrombosis: Case report

Version: 3 Date: 12 May 2007

Reviewer: Francesco Dentali

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General
This report could be of interest since it described an atypical case of delayed heparin induced trombocytopenia in a patient treated with heparin after a diagnosis of acute coronary syndrome. However, the principal limit of this case report is that the diagnosis of HIT is very likely but not sure for some reasons: the authors did not perform any laboratory test (serological or functional) to confirm the diagnosis of HIT; the delayed presentation is atypical; although they used warfarin that is generally contraindicated for the high thrombotic risk, there wasn’t any other thrombotic manifestation and clots in right atrium, left ventricle and pulmonary artery disappeared. Therefore, conclusions and discussion should be toned down.

Revisions necessary for publication

Specific comments:
1. Please, tone down discussion and conclusions parts, and discuss the potential limits of a clinical diagnosis of HIT.
2. Which heparin was used ? UFH or LMWH ? I presume UFH. Please specify.
3. Did the clinicians use any glycoprotein IIb/IIIa receptor antagonist during CABG?
4. Add some images (eg echocardiography when clots were diagnosed and control echocardiography performed later)
5. Please correct some typing errors (eg page 1 which and not “witch”, page 4 LVEF... )

What next?: Revise and resubmit

Quality of written English: Needs some language corrections before being published