Reviewer's report

Title: A Rare coexistence of giant splenic hemangioma with diffuse liver hemangiomatosis in a patient with ovarian endometriosis.

Version: 4 Date: 2 December 2007

Reviewer: Michel Suter

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: No

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
I read this case report with interest. It is an original case in several ways:
-association of a giant splenic hemangiona with liver hemangiomas
-need for angiography to delineate the exact origin of the lesion
-association with endometriosis, although it is not clear to me whether this is clinically relevant.

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Revisions necessary for publication

The language (english) is very poor, and often inappropriate if not wrong. After revision, the full text will need to be submitted to an english-speaking person for linguistic corrections.

The content of the abstract background section id OK, but the case presentation should strictly be limited to the case, and avoid reference to the literature or comments. The conclusion of the abstract should focus on the particular things
about this case: association liver/splenic hemangioma, need for arteriography, reasons for surgical treatment, possible relationship with oral contraceptives.

In the main text, the content of the background section is acceptable, but again should be written in proper English.

The case presentation section should present the case in a logical way: clinical presentation (symptoms and signs), lab and X-ray findings. In this part, the existence of an ovarian cyst must be mentioned. The reasons why surgery was decided must be explained. Next should come findings at laparotomy, and the procedure that was performed (splenectomy), and shortly the post-operative outcome (short and long-term (was the patient free of symptoms after recovery from surgery?).

Finally, the discussion section, after giving a general overview of the specifics of hemangioma, especially giant hemangioma in the spleen, (as is done in the paper), should focus on the points of interest of the case presented:

- coexistence of giant splenic and liver hemangioma
- difficulties in determining the exact origin of the lesion, including a discussion about whether it is really relevant before a therapeutic decisions is achieved. This is of particular importance, since for most surgeons, a giant symptomatic abdominal mass which looks like a hemangioma on CT-scan, being of splenic or adrenal origin, would mandate surgical treatment, or an alternative treatment (would simple embolization be successful in relieving the patien from symptoms, for instance). One could discuss the possibility to embolize the lesion preoperatively. This is where this case report could have an influence on future clinical practice.
- risks associated with giant hemangiomas (rupture, ...)
- treatment options for splenic hemangiomas indications for surgery or non-surgical treatment, or simple observation. Discussion of the surgical options (splenectomy, partial splenectomy, embolization, pre-operative embolization...)
- diagnostic modalities for splenic hemangioma, and their respective advantages and drawbacks.
- Possible relationship between oestrogen administration and the development of hemangiomas in the liver and spleen, and a hypothesis about whether this was a factor or not in the presented patient.
- Relationship between hemangioma and endometriosis in this patient: is there any?

All the abovementioned aspects must be addressed before I can recommend the paper to be published. Once again, the language must be checked carefully.

What next?: Revise and resubmit

Quality of written English: Not suitable for publication unless extensively edited