Reviewer's report

**Title:** Use of intravitreal bevacuzimab in a patient with a Von Hippel Lindau associated retinal haemangioblastoma of the optic nerve head: a case report.

**Version:** 4  **Date:** 17 December 2007

**Reviewer:** Noel Horgan

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient

**Has the case been reported coherently?:** Yes

**Is the case report authentic?:** Yes

**Is this case worth reporting?:** Yes

**Is the case report persuasive?:** Yes

**Does the case report have explanatory value?:** Yes

**Does the case report have diagnostic value?:** No

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

**Comments to authors:**

The authors have prepared a well-presented report of the use of intravitreal bevacuzimab (Avastin) in the setting of optic nerve haemangioblastoma in Von-Hippel-Lindau disease.

This is a notoriously difficult clinical situation, with little evidence for real benefit of any particular intervention. The report highlights that although conceptually anti-VEGF treatment makes very good sense in this condition, the result of treatment was disappointing. The authors present a succinct discussion of the possible reasons for this.

Just a few minor suggestions:

page 3, line 6, change '3/18' to '6/36' for the sake of uniformity in reporting the Snellen acuities

discussion, change 'macugen' to pegaptanib

perhaps reference the report from earlier this year by Dahr, Cusick, Rodriguez-Coleman et al. Retina 2007; 27 (2):150-8, regarding the results of pegaptanib in the setting of retinal haemangioblastomas in VHL.
photodynamic therapy should also be listed in the list of therapeutic options e.g. reference Schmidt-Erfurth, Kusserow, Barbazetto, Laqua. Ophthalmology 2002;109:1256-1266

What next?: Accept after minor revisions

Quality of written English: Acceptable