Reviewer's report

Title: Asymptomatic presentation of huge extradural hematoma in a patient with arachnoid cyst (Case report and review of the literature)

Version: 1 Date: 5 July 2011

Reviewer: Aristotelis Filippidis

Which of the following following best describes what type of case report this is?: Other

If other, please specify:
- Unexpected or unusual presentations of a disease
- An unexpected association between diseases or symptoms

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: No

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:
I read with interest your case report concerning:
“Asymptomatic presentation of huge extradural hematoma in a patient with arachnoid cyst
(Case report and review of the literature)”
To my knowledge and to an adequate review of the literature you provide, this is an extremely rare presentation of an extradural hematoma on a background of a huge arachnoid cyst.

The importance of your report is related solely to the rarity of this presentation. However, I believe that the term “asymptomatic” should be excluded from the title and the manuscript. This is NOT an asymptomatic case since the symptoms of a progressive headache, vomiting and unresponsiveness to pain medication in addition to the congenital alterations of the skull circumference and form in this patient led to the process of a more extensive workup and finally identifying the hematoma. Thus, “asymptomatic” is not the cornerstone of this case report but the rarity of the presentation is. The authors should be more cautious in stating so in the manuscript. Alternatively the term “mild symptoms” or “non-comatose patient” should be used.

In the discussion section, there is an effort to characterize this case according to chronicity. I believe that that term chronic that you finally accept for this case is not true. The presentation of the hematoma is within 72h as you state and chronicity, definitely has to do with a longer interval. I think that Bradley’s classification is more fit and based on a more scientific and objective background. The key fact in your presentation is that you identified that the source of this hematoma was a meningeal vein. Venous blood tends to clot more quickly than the arterial blood due to longer intervals of stasis and the compressible properties of the veins whenever pressure increases at their walls. The appearance of this hematoma in neuroimaging and the intraoperative findings (motor oil appearance) are consistent with a venous hemorrhage and should be commented on this ground even if the findings are similar to chronic hematoma. The time frame or presentation does not permit us to call this a “CEDH”. In this respect I believe that this discussion part should be rewritten to avoid any confusion.

There are some minor grammar and syntax errors, “yeard” instead of “years”, “very huge” instead of just “huge”.

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

**Declaration of competing interests:**

I declare that I have no competing interests