Reviewer's report

**Title:** Meig's Syndrome presenting with Axillary Vein Thrombosis and Lymphadenopathy: A case report

**Version:** 2 **Date:** 28 March 2013

**Reviewer:** raquel cavaco

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

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?: Yes

Does the case report have diagnostic value?: Yes

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

Is the anonymity of the patient protected?: Yes

**Comments to authors:**

- General comments

Well writen article with clinic relevance. New presentation manner is particularly important. Presentation, acute and chronic therapy, investigation and follow up should have been more detailed. A more complete literature revision would enrich discussion.

- Revisions necessary for publication

Case Presentation, 4 paragraph

1. How was the patient haemodinamically? Echocardiogram? Didn’t she have indication for thrombolysis?
2. Why prophylactic IVC filter? Formal indications for IVC filter are thrombosis under anticoagulation and contraindications for anticoagulation.

Case Presentation, 8 paragraph
1. What type of investigation was done by the haematology team and under what anticoagulant?
2. Did she develop pulmonary hypertension?
3. Why the publication after 5 years? Time needed for declare healed disease?
4. It would be of interest to have case images.
5. What kind of follow-up?

Conclusion
1. Reference to patient age, also infrequent.

- Minor issues not for publication

Discussion
Knowledge of other forms of presentation described in literature like cardiac tamponade would enrich the discussion.

Discussion, 1 paragraph
1. Demons-Meigs eponym is reserved for the description of ovarian fibromas and granulosa cell tumours and Demons' syndrome includes all benign genital tumours. Why not Demons-Meigs syndrome?

Discussion, 3 paragraph
1. …but a cytologically a bland appearance…

Discussion, 4 paragraph
1. Any suggestion for thrombosis pathogenesis in this case?

Bibliography
1. Poor, without reference to recent articles and reviews like:

Quality of written English: Acceptable