Reviewer's report

Title: An unusual presentation of swollen arm: a case report

Version: 1 Date: 15 August 2013

Reviewer: Julie Hollberg

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?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

I believe that this case has value in that upper extremity DVT should be treated but commonly still is not. Raising awareness of this condition is important, but I have some suggestions for improvement as outlined below.

Case presentation section:

1. It seems as if the patient is presenting with symptoms of a brachial plexopathy or neuropathy. The authors need to address how common it is for an upper extremity DVT to present this way. Additionally, it would be helpful for them to review the differential diagnosis of her symptoms (rather than just stating that she was incorrectly diagnosed with medial epicondylitis).

2. I would expand the specifics of her treatment and whether she had the 5 day overlap of LMWH with the VKA. As they discuss in the CHEST guidelines below:
2.4. In patients with acute DVT of the leg, we recommend early initiation of VKA (eg, same day as parenteral therapy is started) over delayed initiation, and continuation of parenteral anticoagulation for a minimum of 5 days and until the INR is 2.0 or above for at least 24 h (Grade 1B). While this is in reference to the leg, the same paper notes that treatment for the upper extremity is based largely on the treatment for the leg due to the lack of evidence for the arm.

**Treatment:**

I would clarify the distinction between thrombosis treatment and subclavian stenosis treatment. If you are going to discuss the stenosis treatment, you need to include the role of interventional radiology and possibility of stents in comparison to rib resection or scalenectomy, both of which are a bit outdated as interventional radiology can offer more options to patients.

I would also review the CHEST guidelines as they relate to Upper extremity DVT in more detail and include some of the controversy due to the lack of evidence, which will help make the discussion section more robust and the overall article more evidenced based.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interest.