Reviewer’s report

Title: Use of Activated Factor VII in Treatment of Intractable Bleeding after Mitral Balloon Valvuloplasty

Version: 1 Date: 13 May 2013

Reviewer: Hao-min Cheng

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

If other, please specify:

possible effect treatment in the management 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?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case report has been presented clearly in a coherent manner. I have only a few comments on this case report.

1. The authors stated that they used conventional treatment with protamine, fresh frozen plasma, platelet and cryoprecipitate for four hours with 1.4 l of blood drained via pericardial tube. But immediately after factor VII infusion, the drainage ceased. It was a good but dramatic contrast. Authors should consider providing the dose of all treatments and discussing, if effective, the usual
presumed onset time of these treatments’ effects. Before factor VII infusion, was there still fresh blood drained out? Or actually the bleeding gradually resolved after the four-hours conventional management. In other words, how do you confirm that the resolution of bleeding was the result of factor VII. In the introduction, there is a description about this, but “several hours” is too ambiguous to make any reasonable judgment. Besides, the infusion route and rate of factor VII should also be added.

2. Details regarding the informed consent were not provided.

3. In addition to the above suggestions, readers may be interested in learning more about the indication and common clinical application of factor VII and its relating cost. The use of factor VII in patients without previous coagulation abnormality is an off-labeled use. Is “refractory bleeding” being included in the indication lists of Factor VII? Or should it be considered being included in the future?

4. How do the authors explain that factor VII was more effective than conventional treatment in patients without previous coagulation abnormalities and noted with refractory bleeding during cardiac surgery? Was it the sole effect from factor VII? Or was it the synergistic effect in conjunction with the supplemental of other coagulation factors?

5. In the conclusion, the authors stated “activated factor VII should be considered prior to…”. Since this is a case report, I suggested that authors can modify the description to “activated factor VII may be considered prior to…”. This may be a more reasonable conclusion regarding the role of factor VII.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

There are no competing interests.