Reviewer’s report

Title: Use of Activated Factor VII in Mitral Balloon Valvuloplasty Complicated by Hemopericardium.

Version: 2 Date: 11 September 2013

Reviewer: Walter Knirsch

Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

If other, please specify:

This case report illustrates the effect of activated factor VII in ongoing severe bleeding after percutaneous mitral balloon valvuloplasty.

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:

General comments:
Very well written case report regarding the potential effectiveness of activated factor VII in ongoing severe bleeding after percutaneous mitral balloon valvuloplasty. It would be worthwhile to include data concerning the intervention, which type of balloon, which pressure, which technique, which wire used, where
was the location of bleeding (atrium, ventricle, mitral valve annulus, unknown?), how was periprocedural anticoagulation management, was heparine given or other type of anticoagulants or antiaggregants, was the patient before procedure treated by anticoagulants or antiaggregants? Normal coagulation parameters before intervention? Give details of medical history before procedure, bleeding?

Minor revision:

Abstract, line 2: for me it's rather percutaneous than surgical intervention.

Page 3: Wilkins Score, please give details or reference.

Page 4: check wording transseptal

Page 5: give details on etiology of MV disease: congenital, acquired, rheumatic fever, degenerative. Please comment whether etiology correlates with the risk for bleeding in the literature or in your case report.

Did you perform reperfusion of pericardal fluid? Did you check hemoglobin in pericardial effusion? 10 units of platelets were used, seems quite high, why, how was the number of platelets and thrombocyte function (ROTEM?), did you check for that during bleeding, was the patient under Aspirin before procedure, please comment on that.

Quality of written English: Acceptable

Declaration of competing interests:

no