The authors describe an otherwise healthy woman who presented with spontaneous splenic rupture. An extensive workup was significant for homogeneous hepatosplenomegaly with mild liver function impairment. Seroconversion to EBV was noted, in addition to a low-positive IgG to Bartonella sp.

The paper is well written and is of some interest to the general medical community.

My comments follow:
1. Splenic rupture typically presents non-specifically with left (rather than right) upper quadrant abdominal tenderness.

2. Cat Scratch Disease is characterized by granulomatous inflammation in the spleen, with characteristic CT findings of disseminated hypodense areas within the splenic parenchyma. However, these were not the CT findings in this case, and the authors may wish to address this issue in the discussion.

3. The authors may want to add a Methods section specifying the details of the serology assays. This pertains to both the Bartonella serology which is notoriously problematic, as well as to the EBV early antigen (Diffuse or Restricted?) antibody that was positive.

4. For seroconversion in general, and for a potentially small change (anti Bartonella antibodies in this case) in particular, a simultaneous assay of the two sera in parallel is required.

5. Transthoracic ECHO (why capital?) was negative for "signs of bacterial endocarditis", or for "a vegetation".

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests