Reviewer’s report

Title: The song remains the same although the instruments are changing: Complications following selective non-operative management of blunt spleen trauma: A retrospective review of patients at a level I trauma centre from 1996 to 2007

Version: 1 Date: 4 July 2011

Reviewer: Neil Parry

Reviewer’s report:

Authors provide a nice retrospective review of the management for blunt splenic injuries at a level 1 Canadian trauma centre. The data presented support the increasing use of non-operative management of blunt splenic injuries, which is certainly not new, but it does attempt to outline potential long term complications and readmission rates, which does add to the body of literature in this subject.

Major Compulsory Revisions

1. Data should be updated to 2010
2. Data in abstract do not match data in paper (148 early operative intervention vs 150 in the manuscript).
3. Would add more strength to paper if the authors could compare readmission rates for both SNOM for blunt splenic injuries to those patients who underwent early splenectomy.

Minor Essential Revisions

1. Eligibility criteria (p. 5). Please define the exclusion criteria "transferred to the trauma centre for follow-up after receiving acute trauma care at another institution" as a number of your included patients received care greater than 24 hours after their injury.
2. P. 8 "Mortality among patients managed operatively was variable over time, ranging from 13% to 40%" Please explain.
3. Table 2 . Too much data.
4. What were the indications for splenic artery angiography?
5. Was there any correlation with SNOM failures and repeat imaging?
6. It appears to me that there were only 11 failures of SNOM (9 splenectomies and 2 splenorrhaphy) not 14. Were the 3 therapeutic laparotomies without splenic intervention included? If so, then you need to include the negative laparotomies which would increase the failure rate.
7. Inpatient acute care outcomes (p. 10) - would read much easier if actual numbers were used in conjunction with percentages. It is quite confusing as it stands.
8. What was the median time to failure of SNOM for the inpatient population?

9. It is stated that "we now recommend that repeat imaging is obtained within 72 hours to detect signs of failure in these severely injured patients". Has this decreased your failure rate of SNOM?

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests.