Reviewer's report

Title: Outcomes of Total Hip Arthroplasty in Patients with Primary Immune Thrombocytopenia

Version: 2 Date: 18 April 2015

Reviewer: Joshua Carothers

Reviewer's report:

This is a retrospective case controlled series comparing THA in patients with ITP to those without ITP undergoing THA. Overall the paper is well written and concise and provides the interested reader with some useful information. I would recommend several minor essential revisions.

1. Line 46: I don’t think that it can be stated that more blood loss is “expected in THA than during other surgeries”. I would change to something like “because greater perioperative blood loss may be expected in patients with ITP undergoing THA and because of the additional risk of periprosthetic infection, special….”

2. Line 51-53: please provide references to support the statements in this sentence.

3. Lines 125-128: specific information was provided as to the threshold for transfusions preoperatively but no information is provided for postoperative transfusion thresholds- please expand on “transfusions were performed based on the results of hematological studies and amounts of blood collected via suction drains”. The threshold for both pRBC and PC should be included.

4. Lines 127-128: please provide information on what, if any, chemoprophylaxis was used.

5. Lines 168-170: I think that the reader would be interested in the number of patients that developed any wound drainage or superficial wound infection/cellulitis and not just periprosthetic infection. Please also include this data in Table 3.

6. Lines 218-220: the authors hint at the modern approach to blood management by mentioning the recent adoption of tranexamic acid in perioperative blood management. It would also be helpful to know, since the threshold for transfusion has steadily risen over the past decade, whether those ITP patients that received a transfusion postoperatively perhaps would have been treated differently now. We commonly accept a postoperative hgb of 7-8 g/dL if the patient is otherwise asymptomatic. I wonder if some of these patients were transfused then but might currently not require a transfusion? The threshold for transfusion postoperatively as suggested above (#3) will help the reader to evaluate if these patients would be as likely to require transfusion following THA today. In other words, it may be that there was a lower threshold to transfuse during the study period and that with more current strategies (like the use of tranexamic acid) and a higher threshold to transfuse that some or many of the study patients (and controls) may
not have needed the transfusions.

7. Lines 223-230: Please edit as necessary to reflect the above changes.

**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 declare that I have no competing interests.