Author’s response to reviews

Title: A survey of abnormalities in the colon and rectum in patients presenting with haemorrhoids.

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Author’s response to reviews:

To Rachel Neilan MSc
Editor of BMC Gastroenterology.

Zaandam March 24 2010

Dear mrs. Neilan,

Herewith, we submit the revised version of our paper entitled: “A survey of abnormalities in the colon and rectum in patients presenting with haemorrhoids” MS: 1447749879349426.

Editorial requests:

1 ethical approval is now included in the methods section.

2 There are no competing interests. “The authors declare that they have no competing interests”.

3 The authors contribution is now included in the appropriate section.

We thank both reviewers for their critical comments and shall discuss them separately.

Reviewer 1 (Varghese PT):

Title

The reviewer is correct on the title. It indeed is misleading. Not all patients were sent solely for haemorrhoids. The dataset consists all patients sent for endoscopy because of the well-known clinical reasons. We regret this title and corrected this. We deleted “presenting”. The new title is: “A survey of abnormalities in the colon and rectum in patients with haemorrhoids”. We hope this title is better and more appropriate.

As stated in the methods section patients were undergoing endoscopy for all reasons. In this period data regarding more or less specific complaints pertaining...
to haemorrhoids were not collected. The reason for inclusion was the presence of haemorrhoids regardless of clinical presentation. We adjusted the text in order to make this more clear.

Methodology
As stated this is a study in normal clinical practice. Deleting patients with sigmoidoscopy would not have altered the results. The primary aim of the study was detection of other abnormalities besides haemorrhoids. The caecal intubation rate was given per patient and not per procedure. This percentage of caecal intubation is acceptable is normal practice in normal non-selected patients.

If the reviewer is interested in caecal intubation rate in the entire dataset, he can find a very recent publication from the senior author via Pubmed (Digestion 2010).

Discussion
We are aware of the fact that this is not a very sophisticated study. However, regardless of the fact that, obviously, all findings are well-known to the reviewer, this is certainly not the case in daily practice. Even if the complaints of the patient can be explained by the presence of haemorrhoids, the message of this paper is: look further and think on other abnormalities.

The reviewer thinks the review of the literature is inadequate. Possibly important references are missed. It would have been more helpful if the reviewer added the missing references.

The reviewer is correct. This study does not add new knowledge, it only revives old knowledge. Is adding new knowledge always the purpose of papers? If that is the case, than the majority of epidemiological and therapeutic trials should not be published since they only confirm data already known. The purpose of publishing and studying is revive old data and to put them in perspective.

The message is clear. Colonoscopy is advocated in patients above the age of 50 years. As already stated we do not have data on clinical presentation of all the patients. However, we did collect data on bleeding as presenting symptom prospectively in a smaller set of patients. These results were recently published (Fam Practice 2010). The message is put more clearly in the revision.

Reviewer 2 (Graf W)

1 We explicitly excluded patients without haemorrhoids since this was not the aim of the study. The aim was to explore the coincidental findings in patients who have haemorrhoids. Given the fact that some clinicians and general practitioners think that the finding of haemorrhoids is enough we tried to make clear that the consideration of other abnormalities in the colon is necessary. We do not understand why a group without haemorrhoids could act as a control group.

2 The method of detecting haemorrhoids is certainly not the most optimal one. However, peri-anal inspection before starting the endoscopy is always done and during retrieval the anal canal is inspected as well. We adjusted the text.
3 We do not understand the comment of unwarranted comparisons. Of course, sigmoidoscopy is less effective and pathology is more often seen in older patients.

4 It was an omission not to include the ethical permission. This is now included.

5 The number of patients below the age of fifty is indeed rather low. But, on the other hand it is like it is.

6 We included the patients undergoing sigmoidoscopy only to make the dataset complete. The total number of patients undergoing sigmoidoscopy is rather low. Deleting these would not have changed the results.

All changes are marked in red.
We hope we discussed the comments of the reviewers extensively enough and hope the paper is now acceptable for publication in BMC Gastroenterology.

Yours sincerely

RJLF Loffeld MD PhD