Reviewer's report

Title: Microscopic polyangiitis complicated with ileal involvement detected by double-balloon endoscopy: a case report

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Reviewer: Jorgen Agnholt

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Review
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Masashi Fukushima et al: Microscopic polangiitis complicated with ileal involveinent detected by double-ballon endoscopy: a case report

The authors are presenting a paper on Microscopic polyangiitis with gastrointestinal involvement detected by double balloon endoscopy.

Design: The paper is based on a case presentation. At admission the patient suffered from an acute abdominal event with paralytic ileus. She had had a weight loss and during two years she was suffering from neurological disturbances in the lower extremities.

Malignant lymphoma was suspected since an abdominal CT showed small intestinal edema. A DBE was performed disclosing ulcers in the small bowel and a relative stenosis. Histology revealed signs of ischemia but no ethiology. No signs of TB. Further examinations with nerve biopsy and renal biopsy showed vasculitis. Due to the clinical picture and the nerve biopsies a diagnosis of MPA was etstablished.

The paper rises some questions (major compulsory revisions): What are the new information? The diagnosis was not established by endoscopy, but the endoscopy disclosed findings that should be differentiated from – first of all – Crohns disease (CD). The ulcers, the stenosis might as well had been derived from a patient with CD. The description of the pathological findings should have been described more thoroughly. Looking at the patholigical picture there are significant amounts of inflammatory cells. What kind of cells are we talking about? Did the authors find transmural inflammation? Could a diagnosis of Crohns been excluded on the histology? Since the patient was controlled with two endoscopies a pathological picture after treatment (in the same figure (before/after) would have been informative)

No colonic changes were shown, but could the findings in the small bowel been seen by intubation of the terminal ileum by the colonoscope (how many retractions were necessary from the intubation of the valvula Baughini?)

Discussion: What was the advantage in this paper using DBE. The discussion should be focused on which contribution the endoscopy delivered in the present
case – was it necessary to perform a DBE or would a colonoscopy with tubulation of ileum had been sufficient. Could the ulcers have been visualised by capsule endoscopy or was the risk of retained capsule to high?

Artwork : before and after situations in same figures (pathology and endoscopy)
Renal biopsy and nerve biopsy in the same figure.

Conclusions : The present paper presents an interesting but rare case of paralytic ileus where ulcers were detected in the small bowel. A number of questions have been raised. The paper should been more focused on the additive help of the DBE – in a patient where the MPA diagnosis was established by the clinical picture and nerve + renal biopsy and not by the findings in the small bowel. However the paper describes what gastrointestinal changes we could expect to see in patient with small intestinal involvement, and that’s the news.

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:

no financial or non financial competing interests