Reviewer’s report

Title: Intestinal obstruction due to dual gastrointestinal stenosis in infants: diagnosis and management of 3 cases

Version: 2 Date: 15 March 2014

Reviewer: Anand Pandey

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Major Compulsory Revisions

The authors, by mistake, have labelled atresia as intestinal stenosis. From the description made by them, I feel that the diagnosis in these patients is type I atresia with central perforation of the obstructing diaphragm.

As regard to the claim of its rarity in the abstract, type I atresia is not that rare. It may be probable that the geographical location of the authors’ centre may be so. It is not clear why the authors are using the term GI septum, rather than using type I atresia. Is there any confusion in it? If so, it should be more clarified.

Type I atresia with central perforation/opening presents a bit late. There may be failure to thrive and history of repeated vomiting. I do not agree with the authors as regard to the definition of stenosis. Be central opening or not, it is type I atresia. Stenosis results due to muscular thickening, which leads to luminal narrowing. If authors differ, they must provide a suitable rebuttal.

Patient 3 appears to be having single septum. Where was other septum? Was it stricture? If so, it is not dual atresia. Please clarify.

You have freely interchanged the terms atresia, stenosis, and stricture. It is not correct. Atresia is failure of a lumen to get canalized. Stenosis has been described above. Lastly, stricture is a circumferential narrowing of a lumen caused by a pathological process. Your discussion, hence, is incorrect.

As regard to the presence of atresia, it is a standard practice to inject saline distal to the site of obstruction, which may identify distal atresia. Be it anywhere, the management protocol will remain same. Please clarify.

The figures are not of good quality. They are not clear.

“Dr. Li-e Huang undertook the statistical analysis”. It appears to be gifted authorship. Where is statistical analysis in this case report? “contributed important reagents”- How can providing reagents makes some one author. He/She can be at best mentioned in the acknowledgement. Your contribution part is not clear.

Dual atresia is not as uncommon (search in pubmed using multiple atresias).
Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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