Reviewer's report

Title: A case of sigmoid endometriosis difficult to differentiate from colon cancer

Authors:

Philippos Dimoulios (fdimoul@hotmail.com)
Dr Ioannis E Koutroubakis (ktjohn@her.forthnet.gr)
Maria Tzardi (tzardi_maria@yahoo.uk)
Dr Pavlos Antoniou (pantoniou_gr@yahoo.com)
Ioannis M Matalliotakis (matalliotakis@hotmail.com)
Prof Elias A Kouroumalis (kouroum@med.uoc.gr)

Version: 1 Date: 3 Jun 2003

Reviewer: Jerome B. B Simon

Level of interest: A paper of limited interest

Advice on publication: Accept after discretionary revisions

This is a well-written, succinct case report pointing out that intestinal involvement with endometriosis can simulate other disorders including colorectal malignancy. This point has broad interest for family physicians, gynecologists, gastroenterologists, and surgeons. However, this lesson is already well-documented in the literature, and the present report merely serves as a reminder without adding any new information or presenting a unique aspect of the problem. Nevertheless it is worth reiterating this often-overlooked message.

DISCRETIONARY REVISIONS

1. The argument that the patient's endometriosis mimicked cancer would be strengthened by including a photo of the "filling defect and an extrinsic bowel compression" on barium enema (P.4)

2. An endoscopic photo of the "extensive polypoid lesion" at colonoscopy (P.4) would also be valuable if available.

3. What is meant by the statement that the initial histology "was not diagnostic" (P.4, L.14)? What did the biopsies actually show?

4. The statement that MRI is the most sensitive imaging technique for intestinal endometriosis should be referenced (P.6, L.9).

5. On P.6, L.19 the authors state that the CT and barium enema findings helped direct the diagnosis of endometriosis -- yet earlier they claim the opposite, that these investigations initially suggested malignancy and that the diagnosis became clear only after the biopsies from the second colonoscopy. Which was it?

6. Figure 2 is redundant; one photomicrograph of the endometriosis is sufficient.

7. The text is lucid, but a few minor errors of spelling and syntax need correction (e.g. a redundant "the" in the second line of the Abstract; "dispareunia" on P.5, L.18; "become" instead of "be" on P.6, L.8).
Competing interests:

None declared.