Reviewer's report

Title: Application of a plain abdominal radiograph transition zone (PARTZ) in Hirschsprung’s disease: Implications for a single stage transanal pull through

Version: 1 Date: 25 July 2006

Reviewer: Jacob C. Langer

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The conclusion in the Abstract and in the paper talks about the accuracy of the plain film helping to safely avoid a colostomy. It is unclear what the authors mean and what one has to do with the other.
2. At the end of the Introduction the implication is that the PARTZ will permit a single stage transanal approach, but the authors do not consider the possibility of doing a laparoscopic or mini-lap biopsy of the proximal bowel to determine the transition zone before starting the anal dissection, which is what many surgeons do routinely. The use of a preliminary biopsy takes the guess work out of this decision, and makes much of this paper irrelevant. The authors at least need to address this in their discussion.
3. The authors need to define more clearly what they mean by enterocolitis as an exclusion criteria
4. Were all of the PARTZ images read prospectively by the same radiologist?
5. Under statistical analysis, it is unclear what groups were being compared, and how a paired analysis was applied.
6. In figures 1A and 1B, I am unclear on the difference.
7. In the Results section, I am unclear what the definition of “accuracy” is when comparing PARTZ with CETZ. What do those percentage numbers actually mean?
8. Reference 5 is not formatted properly and it doesn’t say what journal it is in. Many of the other references have authors’ first names rather than last names. The authors have also failed to mention a number of other papers that directly address the issue of accuracy of radiological studies in identifying the pathological transition zone.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The first sentence of the Introduction implies that HD is more common now than before. Is this true?
2. Why do the authors use full thickness biopsies routinely, and not suction biopsies?

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests