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: 2 Date: 18 October 2006

Reviewer: Jacob C. Langer

Reviewer's report:

General
This is a re-review, and my comments will directly address the authors’ responses to my previous remarks. Since the authors know my identity, I will refer to some of my group’s work, which is directly relevant to this paper.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1 and 2. The authors have clarified to some extent how the use of the PARTZ helps in the use of a one-stage transanal approach, particularly in cases where the barium enema is unclear. However, the PARTZ is still only 92% accurate, leaving a misdiagnosis of the level of transition zone in 8% of the cases (coincidentally, the same number we reported in reference 6). To my way of thinking, this is still too high, and justifies the use of a preliminary biopsy in every case. The authors have talked about the use of laparoscopy, and correctly pointed out that this technique is not available in many developing countries. However, for precisely this reason, we have advocated the use of an umbilical incision for the biopsy, a technique which is easy and can be done by any pediatric surgeon (Sauer CJE, Langer JC, Wales PW: The versatility of the umbilical incision in the management of Hirschsprung's disease. Journal of Pediatric Surgery 40:385-89, 2005). This approach should at least be discussed and referenced in this manuscript, since it bears directly on the authors’ conclusions and really nullifies the importance of the PARTZ in determining the level of the transition zone. Why use a 92% accurate Xray finding (that may be dependent on the skill of the radiologist), when there is another option that is 100% accurate and easily performed by any pediatric surgeon?
3. The Bell classification has been used for NEC, not for Hirschsprung’s associated enterocolitis. However, the authors are correct that there is no good definition of enterocolitis. I would like to see them specify how the Bell classification was used, ie did they have to be Bell stage 2?
4. This has been clarified.
5. This is better.
6. This is better.
7. References are better, except for my comments about the umbilical incision above.

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

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.