Reviewer's report

**Title:** Cystic colon duplication causing intussusception in a 25-year-old man: report of a case and review of the literature

**Version:** 2  **Date:** 1 December 2009

**Reviewer:** Christian Buchli

**Reviewer's report:**

The authors report on an interesting case in a young adult with a symptomatic mass lesion in the right colon. I disagree with the conclusions that lead to the decision to operate on this patient. Therefore I ask the authors for major compulsory revision.

In the discussion the authors state two reasons for the decision to operate on this patient: no definitive preoperative diagnosis and acute symptoms of colonic obstruction.

1. The symptoms described in the case presentation (severe crampy abdominal pain, abdominal defence and rebound in the right lower quadrant with blood mixed stool within 4 days) do not support an acute colonic obstruction with subsequent abdominal distension and ceecal dilation to a critical extent on CT. If these findings were present they should be mentioned or otherwise the reason for operation has to be changed.

2. I agree that a mass lesion in the right colon should be resected due to a high proportion of underlying malignant disease as mentioned by the authors. I do not understand why a non-oncological right-sided colectomy was performed when palpating a firm intraluminal mass intraoperatively. This exposes a young patient to a potentially not curative resection (see results of W. Hohenberger, Erlangen).

Please comment in the discussion how you could exclude malignancy during operation without any doubt and then perform a non-oncological resection.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**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' below.