Author's response to reviews

Title: Management of acute Upside-down stomach

Authors:

Tobias S Schiergens (Tobias.Schiergens@med.uni-muenchen.de)
Michael N Thomas (Michael.Thomas@med.uni-muenchen.de)
Thomas P Huettl (huettl@chkmb.de)
Wolfgang E Thasler (Wolfgang.Thasler@med.uni-muenchen.de)

Version: 2 Date: 5 September 2013

Author's response to reviews: see over
Professor Lewis J Caplan

Professor of Surgery
Yale School of Medicine
New Haven, CT

Editor-in-Chief
BMC Surgery

Submission of the revised manuscript

“Management of acute Upside-down stomach” by T.S. Schiergens, M. N. Thomas, T.P. Hüttl and W.E. Thasler

Dear Professor Caplan,

Please find attached our revised manuscript and our enclosure explaining point by point how we handle with the reviewers’ comments and suggestions. Furthermore, we have also ensured that the manuscript conforms to the journal style and is correctly formatted.

We are very pleased about the fact that only minor revisions are necessary and that the manuscript was classified as “an article of importance in its field”. We appreciate the opportunity to revise our manuscript.

We are very hopeful that the revised manuscript will meet the publication criteria of BMC Surgery.

Yours truly,

Tobias Simon Schiergens, M.D.
Reviewer’s Reports – Comments/answers

Reviewer 1

Some of the introduction needs to be moved into the discussion.

We agree with the referee’s remark that some content mentioned in the “Background” section might be transferred into the discussion. The authors’ primary goal, however, was to direct the reader’s attention to some crucial issues in the case presentation, (1) the variety of (unspecific) symptoms, (2) the standard surgical approach that can be retraced within the case presentation, (3) the controversial discussion of prothetic reinforcement, and (4) the infrequency of acute presentation to quicken the reader’s interest for the subsequent case.

As this information is important to the reader, we prefer to leave these pillars of information but to transfer some details that are not necessary for the reader’s attention to the upcoming case. We hope that this proceeding is arguable, if necessary or requested for publication, we would also be pleased to put more content into the discussion.

The following paragraph containing some details of a series of patients published by us was removed from the “Background” section:

"In a series of 40 patients we could show that laparoscopic treatment of UDS is safe and highly effective using a laparoscopic hiatalplasty and anterior hemifundoplication [4]. In all patients with UDS (n = 50) five (10 %) presented with acute symptoms, two of them with gastric incarceration, one with upper gastrointestinal bleeding and one patient with omentum incarceration [4]. Because of a very wide defect, a mesh had to be implanted in one patient. In another series of 147 patients, Allen and colleagues revealed that in 95% of all patients with UDS symptoms occurred which were primarily obstructive [11]. Furthermore, five (3 %) underwent emergency operations due to acute incarceration of which three had gastric necrosis and one died [11]."

It was homogeneously put into the discussion as suggested by the reviewer:

"In a series of 40 patients we could show that laparoscopic treatment of UDS is safe and highly effective using a laparoscopic hiatalplasty and anterior hemifundoplication.”

(Changes: Discussion, page 7, lines 17-19)

"In our series, 5 of 50 patients with UDS (10 %) presented with acute symptoms, two of them with gastric incarceration, one with upper gastrointestinal bleeding and one patient with omentum incarceration [4]. In another series of 147 patients, Allen and colleagues revealed that in 95% of all patients with UDS symptoms occurred which were primarily obstructive [11]."

(Changes: Discussion, page 7, lines 22-26)
The following content has been deleted:

“Because of a very wide defect, a mesh had to be implanted in one patient.”

“Furthermore, five (3 %) underwent emergency operations due to acute incarceration of which three had gastric necrosis and one died [11].”

Reviewer 2

Minor essential Revisions

1. (case presentation) Although Figure1, refer chest radiography, there is no chest X-ray.

   This mistake has been corrected and the citations have been revised throughout the manuscript. Primarily, chest radiography should have been shown, but in the face of the high number of figures, this one was removed for capacity reasons.

   (Changes: Discussion, page 7, line 25)

2. (background) page4 line 15: 147 patients.

   The comma has been inserted.

3. (background) page5 line 1: In summary, “In summa” has been changed to “In summary” as

   (Changes: Background, page 4, line 17)


   The article of Tabo et al. and those of others describing the “PEG-method” (see below) and its improvements have aroused our interest. However, since our patient was 32 years old, we decided in favor of a long-term and sustainable procedure. Concerning this matter, we augmented the discussion to address this point and have inserted more references focusing on this method and its pros and cons.

   “Moreover, studies have been published reporting on percutaneous endoscopic gastrostomy (PEG) as useful and feasible approach [15-18]. Tabo et al. described a method facilitating the endoscopic reposition of the stomach by inserting a gastric balloon and to fixate the
stomach subsequently applying the PEG-method (intraabdominal fixation of the stomach by gastrostomy)[18]. It may be an effective approach in elderly patients as the periprocedural risk is very low. In our young patient, however, we decided in favor of a laparoscopic approach repairing the hernia gate as sustainable therapy.”

(Changes: Discussion, page 7, lines 10-17)

Editorial Requirements

The competing interest section was rephrased according to the instructions for authors published online by BMC Surgery // BioMed Central.
(http://www.biomedcentral.com/bmcsurg/authors/instructions/researcharticle#formatting-competing)