Author's response to reviews

Title: Perforated Sigmoid Diverticulitis in a Lumbar Hernia after Iliac Crest Bone Graft - a Case Report

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Author's response to reviews: see over
Answer to the reviewer’s comments

Reviewer 1 (Marco Ceresoli)

Major Compulsory Revisions

The case reported is really very uncommon and quite interesting. However the discussion is very poor and the most interesting aspects of the case are not discussed and argued:

Thank you very much for this statement. Indeed, the discussion part needed to be rewritten. Please confer our corrections below.

The title of your paper cites a review of the literature: you didn’t explain how the review was performed and in the discussion this aspect is too summary and superficial (see later)

Indeed, we did not perform a systematic review of the literature. Hence, the title was changed to Perforated Sigmoid Diverticulitis in a Lumbar Hernia after Iliac Crest Bone Graft – a Case Report.

In the case presentation you should indicate more clearly the surgical technique you adopted: for the hernia repair did you change the position of the patient? Why did you perform hernia repair with the prosthesis placement before than sigmoid resection, increasing the risk of a contamination?

Please confer the two following added sentences answering these questions:

Line 100: … supine position that was not changed during the procedure.

Lines 113-116: Despite the higher risk of bacterial contamination of the implant, the mesh fixation was performed prior to anastomosis in order to have a better overview and to minimize mobilization of the freshly anastomosed sigmoid colon.

The discussion about the lumbar hernia is insufficient, too concise, you should offer a more exhaustive overview of the techniques and the difference adopted in your approach, as the position of the patient.

The discussion part about lumbar hernias was rewritten focusing on the chosen approach.

The discussion about perforated diverticulitis is also insufficient, too concise and repeat the same sentences of the introduction. You should focus your discussion on the technique chosen ant role of laparoscopic peritoneal lavage with more exhaustive information.

The discussion part about perforated diverticulitis was completely rewritten focusing on the role of laparoscopic peritoneal lavage as treatment option for complicated diverticulitis.

The discussion of the two situations combined should be certainly the most interesting section of your report, underlining the singularity of the case presented and the implication in the treatment. You should argue more deeply all the aspects. A special attention should be given to the choose of the prosthetic material for the hernia repair: why did you choose a biologic material? And why, among various types, did you choose a cross-linked biologic prosthesis? I think your decision was correct and to motivate it you should mention a very interesting decision model published by Coccolini et al in World Journal of Emergency

Thank you very much for this remark. The selection of the biological prosthesis was rewritten and discussed in the context of the mentioned decision model.

**Minor Essential Revisions**

In “case presentation” section you should change the term melioration with the more common improvement; change operation duration with operation time;

These changes were made.

Change “dorsal recumbent position” with the more common “supine”

This change was done.

In case presentation you did not indicate in which Hinchey’s class is the patients; you should also indicate the reason of prior spinal fusion.

Please confer the two following added sentences answering these questions:

**Lines 89 - 91:** According to the Hinchey classification for acute diverticulitis[7] due to the presence of free intra abdominal air together with a local putrid peritonitis, the present case was rated as stage III disease.

**Lines 75 – 76:** …due to vertebral body fracture following trauma.

**Minor issues not for publication**

In “case presentation” section there is a type error (...umbilicus._Two 12...)

The typing error was corrected

In discussion section, perforated diverticulitis paragraph, is missing a closing bracket.

The closing bracket was added

The English text is too fragmented, you should make it more fluent.

The text was given to PD Dr. Ian Foster, PhD, senior scientist and native English speaker for proofreading. The proofreading was acknowledged in the ‘acknowledgements section’ (lines 218-219).
Reviewer 2 (Belinda De Simone)

I have no major revisions to recommend to the authors, but I’ve an important question: what is a "50° laparoscope"? Why did you use it? Can you explain the advantages? Can the authors clarify this?

A 50° laparoscope describes a camera using an angle of 50°. This ensures a better overview but makes the cinematography more difficult. The following sentence was added on line 103: ... *in order to ensure a good overview.*

This case report has a good clinical impact as it presents the rarest clinical expression of complicated diverticulitis in a patient with lumbar hernia, at the same time.

In the literature, there are no other similar case reports: the authors have proposed a surgical treatment showing its good results, as a valid alternative to other therapeutic options.

MINOR ESSENTIAL REVISIONS
I report minor errors of spelling and punctuation marks: par. BACKGROUND, line 69: OUR instead of OR
par. OPINION, line 194: DIVERTICULITS instead of DIVERTICULITIS
par. DISCUSSION, line 140: ; instead of :
par. PERFORATED DIVERTICULITIS, line 168: missing “)”

All these typing errors were corrected.

DISCRETIONARY REVISIONS
I suggest the final revision of the manuscript by an English native speaker, to confirm the good quality of written English.

The text was given to PD Dr. Ian Foster, PhD, senior scientist and native English speaker for proofreading. The proofreading was acknowledged in the ‘acknowledgements section’ (lines 218-219).