Reviewer's report

Title: Perforated peptic duodenal ulcer in a paraesophageal hernia - a case report of a rare surgical emergency

Version: 1 Date: 25 October 2005

Reviewer: Wing Tai T Siu

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)

This is an extremely uncommon case of perforated duodenal ulcer complicating a incarcerated paraesophageal hernia.

• Background
  o Should consider re-siting second paragraph to discussion section.
  o The statement on the 3rd sentence of 3rd paragraph (page 3, lines 20-21) should be re-phrase or re-write. Decompression of suspected strangulated paraesophageal hernia by naso-gastric tube alone is not a safe clinical approach to postpone a life-threatening condition. Catastrophic complications like uncontrolled bleeding, strangulation and perforation demand emergency surgical management.

• Case presentation
  o Clinical findings on presentation, post-operative management and clinical course of the patient should be concisely written.
  o Paraesophageal hernia is characterized by herniation of gastric fundus alongside the distal esophagus through the hiatus, while the gastroesophageal junction remains in a reasonably normal position. Large paraesophageal hernia may associate with organoaxial volvulus of stomach that could lead to an “up-side down stomach” and intrathoracic herniation of transverse colon. Could the authors clarify the operative / radiological findings for the evidence gastric volvulus.
  o Size of the duodenal perforated should be mentioned. (page 5, line 21)
  o Why prolene is chosen for repair of duodenal perforation, as most surgeons favor repair with absorbable sutures. (page 5, line 22)
  o Presumably the spleen was inadvertently damaged at the time of operation (page 5, line 24). Was it related to stretching the ligaments and vessels of the paraesophageal herniation?
  o Full course of potent antibiotic and high-dose proton pump inhibitor infusion are generally not recommended for prophylaxis. (page 6, lines 9-11)

• Conclusion
  o The section should rephrase as “Discussion”
  o The description on the mode of presentation, pros and cons of elective repair of asymptomatic paraesophageal hernia is informative to reader. However, the author should also mention that there is no dispute for operative management of the present case with evidence of gastric outlet obstruction and epigastric pain.
  o Controversy somehow exists in the selection of best approach for elective repair of paraesophageal hernia. Laparoscopic paraesophageal hernia repair has been shown to be feasible, while long-term results have to be demonstrated to establish its definitive role.
  o Other controversies worth mentioning are the pros and cons of the use of prosthetic mesh repair and the role of routine prophylactic fundoplication and gastropexy.
  o The peculiarity of concomitant perforated duodenal ulcer of the current patient may be related to
his background history of bleeding gastric ulcer. The tight incarceration of the stomach and transverse colon might have prevented gas and fluid content from leading from the ulcer perforation.

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)
Figure 2 and 1 picture in Figure 3 could be omitted

What next?: Accept after discretionary revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

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