Title: Epiplioic Appendagitis - Clinical Characteristics of an Uncommon Surgical Diagnosis

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Author's response to reviews: see over
Dear Dr. Kouremenou,

please find enclosed the revised manuscript

“Epiploic Appendagitis - Clinical Characteristics of an Uncommon Surgical Diagnosis”
(MS: 3161124151325968).

Thank you for the constructive suggestions of reviewer 1, 2 and 3. The following changes have been made:

**Reviewer 1:**

1. The purpose of this study was both to define clinical and paraclinical criteria for diagnosis as well as to underscore treatment options for epiploic appendagitis. This was based on a retrospective review of ten cases. The introduction and material and methods section have been changed accordingly regarding the aim of the study.

2. In our opinion ten cases of this rare diagnosis are adequate to describe it’s clinicopathological features and the applied treatment. Nevertheless future studies with a larger case number are necessary to further describe this rare disease. This has been added to the discussion.

3. We don’t agree that discussion and conclusion are mainly structured around a historical and pathological description of the disease. The conclusion has no historical description in it. The discussion consists of the following subitems: Anatomy, Physiology and Pathophysiology, Clinical Characteristics, Radiologic Evaluation and Therapy. Of course we have considered historical facts which are given for this rare disease within the discussion. Nevertheless it is mainly based on the findings of the retrospective chart review and an additional review of the literature to describe both our own findings and the ones described by other authors. We perceive this as a common scientific method and think that historical facts are interesting for the reader to better understand the disease and get a complete clinical picture.
4. This case series of ten patients is to describe our own experience with this rare diagnosis; it
might help readers to gain information about this infrequent disease. We have added the guide-
lines of our clinic towards EA based on this case series. General practical management guide-
lines however can only be based on a larger group of patients.

5. The manuscript has been re-edited by a native english speaker.

6. Pages have been numbered.

7. In our opinion a simple case report reflects only one individual patient with individual symptoms.
We believe that a description of more than one patient is useful for a better understanding of
the clinical picture. As compiled in table 1 additional information as side and duration of pain,
localisation of the appendage, size, sex and age of the patients as well as radiological diagn o-
sis are given which might be useful for larger studies in the future. This cannot be delivered by
a single case report.

Reviewer 2:

1. Informed consent has been obtained from the study subjects. We have added a note in the Ma-
terials and Methods section.

2. We have added the observation duration of the study subjects, both for the nine surgically
treated patients and for the one patient who received conservative therapy.

3. We do agree with reviewer 2 that the conclusion that surgical therapy is favourable to prevent
recurrence is too easily made. This text passage has been changed. We have observed that
40% of our patients experienced a recurrence of symptoms before presenting in our surgical
emergency department and therefore prefer surgery as the adequate form of therapy (provided
that no contra-indications are present). In order to draw a final conclusion regarding the best
form of therapy, further studies with larger number of subjects are necessary. This has been
added to the discussion.

4. Repeated phrases of anatomy and pathophysiology have been deleted within the discussion.

Reviewer 3:

1. We have added the information that non-operative therapy of EA is widely applied with suc-
cess.

Looking forward to hearing from you soon,

Sincerely

Michael Sand, MD