Reviewer's report

Title: Delayed bowel perforation following suprapubic catheter insertion

Version: 2 Date: 22 September 2004

Reviewer: Christian Doehn

Reviewer's report:

Bowel perforation is a rare but severe complication of suprapubic catheter insertion occurring in about 1% of the cases [1-3]. Bladder tumors, pregnancy, tumors within the lower abdomen or pelvis, a history of prior lower abdominal surgery or radiation, changes in bladder capacity or position, hemorrhagic diatheses and local skin infections are accepted relative contraindications against the procedure. The relevance of bladder filling and ultrasound guidance for performing a safe procedure has been documented [1-3].

The authors present a highly unusual complication of delayed bowel perforation following suprapubic catheter insertion. According to the facts presented, the insertion of the catheter performed by the authors had been carried out thoroughly and probably anticipating that the patient had undergone previous abdomino-perineal rectal resection and therefore was at a certain risk for bowel injury. To the reviewers’ own knowledge, there is only one case in literature that is comparable [4]. The features of the case seem interesting enough to have it published. This is even more important as changes of suprapubic catheters are often performed in an out-patient setting by personnel with minor medical training and possibly not aware of all potential complications. Even physicians should be aware of the fact that severe complications can occur in what seems to be a safe situation after suprapubic catheter insertion.

Reference List


Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

In our opinion the clinical state of the patient (e.g. presence of fever) and laboratory findings (e.g. abnormal WBC) when returning after change of the catheter should be highlighted by the authors as well as the intraoperative appearance (photo documentation would be preferable) of the affected bowel segment. Furthermore, it would be interesting to have the final pathology report as this would allow an evaluation of the kinetics of the inflammatory process. The mechanism suggested by the authors to explain the perforation seems likely enough, however, the pathology results should provide indirect proof of their hypothesis. In their conclusion the authors should emphasize and
discuss in more detail that their case perfectly explains why patients after lower abdominal surgery only have a suprapubic cystostomy under ideal conditions.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None