Reviewer's report

Title: Acute presentation of a solitary caecal diverticulum: a case report

Version: 6 Date: 9 September 2007

Reviewer: Roy Maxwell

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Comments to authors:

General

This report does not meet any of the seven criteria listed above. An uncommon, but well recognised, condition is reported.

In their background information the authors state that it is often mistreated; no evidence is offered to support that assertion. The case which they described was typical. The colour photograph illustrates the gangrenous diverticulum reasonably well, but could have been set up with better positioning and clean towels to make a more attractive photograph.

The discussion includes a summary of current knowledge of solitary caecal diverticulum. It adds little, if anything, of relevance to the account in standard texts, eg Surgery of the Anus Rectum and Colon Michael R B Keighley & Norman S Williams 2nd ed. W B Saunders 1999.

Considerable space is given to discussion of pre-operative imaging. This is of little relevance as most present as acute appendicitis and have no indication for pre-operative radiology. Pre-operative diagnosis is unlikely to affect the decision to operate which will be determined by the clinical signs.
The operative management is discussed.

A diverticulum which presents with symptoms will usually be inflamed, gangrenous or perforated and require removal. The decision between local excision and resection of a segment of bowel can be made from surgical first principles depending on local conditions and other diagnostic possibilities.

In summary, the paper is a competent, well-written description of an uncommon, but well-recognised surgical condition. The discussion of pre-operative diagnosis and surgical management is somewhat laboured. The paper draws attention to the condition, but does not provide any new understanding of it, not contribute to a change in its management.

Revisions necessary for publication

**What next?:** Reject

**Quality of written English:** Acceptable