Reviewer's report

Title: Large Bowel Obstruction due to Sesame Seed Bezoar

Version: 3 Date: 9 October 2007

Reviewer: Nigel Hall

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

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

Comments to authors:

General

This was enjoyable to read and, if the authors are correct, a newly described benign cause of large bowel obstruction. It is a pity that there was no contrast study or CT scan of the bezoar itself as that would be very informative.

I rather doubt that this will make a big impact on clinical practice, given the rarity of the event but I suppose it heightens awareness of alternative causes of large bowel obstruction.

Revisions necessary for publication

Given that the patient already had a known previous stricture I do not quite understand why the patient was taken straight for a laparotomy when a more local examination of the lumen might have been expected to reveal a recurrent stricture that could have been dilated thus avoiding surgery.

Can the authors suggest how the obstruction occurred? It is a bit hard to imagine that the bezoar formed at the anastomosis - could it have formed in the caecum
where seeds are often found and then travelled to the distal colon where it caused obstruction?

The anastomotic stricture shown on the barium is interesting but it should be made clear that this was prior to the dilatation 2 years before the obstructive episode.

**What next?:** Accept after minor revisions

**Quality of written English:** Acceptable