Reviewer's report

Title: Wilkies Syndrome with an element of gut dysmotility: A Case Report

Version: 3 Date: 23 September 2007

Reviewer: Thilo Welsch

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?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Comments to authors:

General

Aslam et al report a cases of Wilkie's syndrome diagnosed in a 49 year old female. The underlying cause of duodenal obstruction remains unclear, and symptoms returned after surgical duodenojejunostomy. The authors provide no information on further diagnostic or therapeutic management and further outcome of the patient. As a result, the case report only describes that symptoms of Wilkie's syndrome may persist for a prolonged time period even after surgical correction, most probably because of duodenal atony. This is not new and the case lacks unique features, precise data and a more thorough work-up.

Revisions necessary for publication

- the authors do not analyze a potential cause of duodenal obstruction. Usually there are a debilitating disease, surgery, trauma, severe weight loss e.g. as precipitating factors. The reported patient had Raynaud's syndrome and athralgia but we do not know for how long and if these conditions did affect or trigger the
SMA syndrome.

- Important and precise information are missing: how long did the patient have symptoms of duodenal obstruction, how much weight did she lose?

- Usually patients with SMAS are treated conservatively with nasogastric decompression and nutritional support (enteral or parenteral) to restore retroperitoneal fat (which is correctly stated in the discussion section). However, the reported patient did only undergo a trial of prokinetics and PPIs. Can the authors comment, why there was no nutritional support? How long did the authors try a conservative approach before surgery?

- The authors performed a duodenojejunostomy but did not mention Strong's procedure (duodenal mobilization) which has revealed comparable results in the past. Did the authors consider this approach?

- Again, there is no precise information about the time after that symptoms reoccurred. "Few months after surgery" is to vague. It is well-known that symptoms of SMAS may persist for a prolonged time after surgical correction because of duodenal atony, especially if there was massive dilatation of the proximal duodenum and stomach before surgery (reviewed in Welsch et al. Dig Surg 2007). How long was the follow-up after surgery and what was the further management? The case report ends somewhat open without a clear take-home message. I would have learned something from the report, if the authors would have reported that the symptoms relieved and gastric distention improved e.g. 4 months after surgery.

- Did the authors search for other causes of duodenal obstruction, e.g. megaduodenum caused by intestinal myopathy (biopsy) if the patient had still a distended stomach after surgery?

minor comments
- Abstract, line 8: Wilkie's syndrome with capital letter
- case presentation, second paragraph: kocherized

What next?: Reject

Quality of written English: Acceptable