Author’s response to reviews

Title: Intussusception of the appendix secondary to endometriosis: a case report

Authors:

Samia Ijaz (samiaijaz@hotmail.com)
Surjit Lidder (surjitlidder@doctors.org.uk)
Waria Mohamid (wariamohamid@hotmail.com)
Martyn Carter (micarter@nhs.net)
Hilary Thompson (hhthompson@nhs.net)

Version: 4 Date: 22 December 2007

Author's response to reviews: see over
Dear JMCR,

Re; MS: 1206753774168662
Endometriosis of the appendix presenting as a caecal polyp: a case report

Many thanks for your recent e-mail that enclosed the reviewers’ comments. I would like to address these point by point as set out below.

Referee 1

Q.1 What about the patient’s family history of endometriosis?

A.1 The patient had no family history of endometriosis.

Q.2. What about the gynaecological examination of the patient preoperatively?

A.2. Clinical examination was entirely within normal limits, including a gynaecological examination.

Q.3. Laboratory findings should be mentioned in more detail. (It is only reported an “an iron deficiency anaemia”). Did the authors measure serum levels of CA-125?

A.3a Haemoglobin level 11.1 g/dl
Mean corpuscular volume 71 fl
Platelet count 310 10^9/L
Ferritin level 8.4 ng/ml

A.3b CA-125 levels were not taken.
Q.4. Although possible submucosal endometriotic nodules in the sigmoid colon are reported as findings of the colonoscopy, no further investigations about the nature of these findings are reported (biopsies)?

A.4. This patient had several colonoscopies, the endometriotic nodules in the sigmoid were picked up on her third colonoscopy (in a tertiary centre) but not biopsied. I do not know why these lesions were not biopsied at the time. However, I believe that the main thrust of that colonoscopy was to try and remove the caecal polyp.

Q.5. Post operative therapies with depot GnRH agonists for at least six months have been proved to delay the recurrence rate of endometriosis. Did this patient receive post-operative therapy?

A.5. As far as I am aware, the patient did not receive any postoperative therapy. It is now over 2 years since her op and she remains asymptomatic (patient seen in follow up clinic this week). According to the literature on the subject, a bilateral salpingo-oophorectomy and hysterectomy performed in conjunction with operative resection of intestinal endometriosis (like this patient had) usually results in a complete cure.

Q.6. The authors report that fewer than 30 cases of endometriosis of the appendix are reported in the literature. However, the references are not relevant to this topic. A short review of the involvement by endometriosis of colon and appendix should be added.

A.6. We reported that there were fewer than 30 cases of endometriosis of the appendix leading to appendiceal intussusception not just endometriosis of the appendix. I have included a short review on endometrial involvement of the colon and appendix and added more relevant references (please refer to revised manuscript).

Q.7. The conclusions of the abstract and discussion are rather confusing (focused only on appendiceal intussusception) and not relevant to the title of the manuscript.

A.7. We have changed the title and clarified the conclusions of the abstract and discussion (please refer to revised manuscript).

Q.8. The magnification in the figures should be reported.

A.8. We have included these details in the revised manuscript.
Referee 2

Q.1. Change the title emphasizing the clinical presentation of the endometriosis as intussusception of the appendix.

A.1. We have changed the title to “Intussusception of the appendix secondary to endometriosis: a case report”

Q.2. Please refer to the possible pathogenesis of endometriosis of the appendix in the discussion.

A.2. We have included this in our short review of the topic in the discussion (please refer to the revised manuscript).

As well as submitting the revised manuscript, I have also submitted an additional figure that shows the colonoscopic view of the “caecal polyp”.

I hope this covers all the outstanding issues, please do not hesitate to contact me if you have any other queries.

Yours gratefully,

Samia Ijaz