Reviewer's report

Title: Ruptured ovarian cystic teratoma in pregnancy with diffuse peritoneal reaction mimicking advanced ovarian malignancy: a case report

Version: 3 Date: 19 December 2007

Reviewer: Gretchen P Purcell

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?: No

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

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?: Yes

Comments to authors:

Is the case report persuasive?
- No. The treatment decision making is not well explained.

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This report is a potentially very interesting report of a granulomatous peritonitis as a complication of dermoid rupture during excision in the context of pregnancy. The authors could markedly enhance the value of this manuscript by making 3 major changes:

1. It is not clear from the review of previous literature whether this complication of surgical rupture of the tumor has been seen previously in the context of pregnancy. Desmoplastic reactions after dermoid ruptures have been reported before, so this effect alone is not new. I personally have not heard of a granulomatous reaction being reported. I would move the review of prior literature to the Introduction (i.e., Background) section and expand it to state explicitly whether any of the prior cases were in pregnant patients (and involved a granulomatous peritonitis).
Describe what surgical interventions were required and what the pathology showed for each prior case (if that information is available). This change will motivate why the case is unique and interesting prior to the case presentation.

2. The pregnancy complicates the workup of dermoid lesions. Were tumor markers sent preoperatively, or was this part of the workup not done as the pregnancy would interfere with their interpretation? I would discuss either the values of these laboratory studies or why they were not done. I assume maternal AFP was sent at some point.

3. The case presentation does not include a rationale for the management decisions. I suggest the authors expand their discussion to include working diagnoses for the postoperative/preoperative findings as well as a detailed description of what was done at operation and why. Specifically, describe the initial operation and explain why the tumor ruptured. Was it done laparoscopically, or was the incision too small or resection hindered by the large uterus. Why did the patient get a gastrointestinal operation at the time of delivery? What was the preoperative indication or surgery -- adhesions, malignancy (if so, what type), obstruction, or inability to perform delivery / closure without it? It sounds like the operation turned into a damage control procedure with abdominal packing. What was bleeding? Why were stomas done for damage control? Also, please provide references for the literature that supports steroid use for granulomatous peritonitis.

Quality of written English
- Acceptable

However, I would not recommend using or creating unnecessary abbreviations that distract from the presentation (i.e., POD).

**What next?:** Revise and resubmit

**Quality of written English:** Acceptable