Author's response to reviews

Title: Mucinous cystadenoma of the appendix misdiagnosed as cystic hydatid disease of the liver: a case report

Authors:

Andreas Krieg (andreas.krieg@med.uni.duesseldorf.de)
Jan Schulte am Esch 2nd (jan.schulteamesch@med.uni-duesseldorf.de)
Ludger W Poll (l.poll@gmx.de)
Stefan Braunstein (braunstein@med.uni-duesseldorf.de)
Wolfram T Knoefel (knoefel@med.uni-duesseldorf.de)

Version: 3 Date: 5 March 2008

Author's response to reviews:

Dear Editor, dear Reviewers,

Thank you for the review of our article and helpful comments. Please find enclosed our comments to the reviewer reports:

Reviewer: Abdulzahra Hussain:

1. The course of infection with echinococcus might be very variable. Some of the cysts might grow without any change over years. In our patient the history of working as a hunting aide and the CT diagnosis by our radiologists suggested the diagnosis of a hydatid cyst, although serological parameters did not reveal any pathological elevation. We agree, that, consistent with the intraoperative findings, the CT-scan was misdiagnosed, and shows that in cases such as described here a careful re-evaluation is necessary.

2. Once we suspected a hydatid disease, surgery was indicated since it has the benefit to cure the patient completely. Therefore, preoperative treatment with albendazole may reduce the risk of secondary echinococcosis and was, even without elevation of serological markers, in our point of view indicated. When we explored the abdominal cavity we identified the mucocele of the appendix which clearly involved the base of the appendix. To ensure a complete resection without running the risk of perforation, an ileocecal resection was indicated, although without any doubt, if possible the appendectomy of a benign mucocele is the treatment of choice. Laparoscopy would have ensured diagnosis of a mucocele but the conversion to open surgery is still favoured in the literature to avoid dissemination of epithelial cells due to rupture and to allow a better exploration of the abdominal cavity (Dhage-Ivatury et al. 2006).

Reviewer: Shinsuke Takeno

1. See comments to reviewer 1

2. Laparoscopy might have been helpful to identify the mucocele and to exclude
hydatid disease, but would have not changed the approach in resection by open laparotomy.

3. Laparoscopic resection is discussed controversially in the literature. Most authors recommend the open access. If laparoscopy is performed, an endo-bag must be used.

Reviewer Matthias H Seelig

1. We agree that the CT scan was misdiagnosed as hydatid cyst and mention that in our discussion.

2. We recommended our patient colonoscopy for follow up and mentioned the importance of follow up because of the association with colon cancer. In the discussion it was already mentioned that a follow up is important.

3. We changed the title of the manuscript as suggested

4. see comments to reviewer 1