Reviewer’s report

Title: Mucinous cystadenoma of the appendix mimicking cystic hydatid disease: a case report

Version: 2 Date: 30 January 2008

Reviewer: ABDULZAHRA HUSSAIN

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

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?: Yes

Comments to authors:

Authors: Andreas Krieg, Jan Schulte am Esch 2nd, Ludger W Poll, Stefan Braunstein and Wolfram T Knoefel

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Dear Colleagues

I read with interest your article, which represents a challenging case for diagnosis. The paper is well written and I think it is worthy published. However I have the following concerns:

1. Diagnosis: This was a 44 year-old man presented with a history of non-specific
symptoms of right upper abdominal pain for 6 years. Abdominal ultrasound (US) revealed a cystic mass containing low level internal echoes and sonic shadowing. Computed tomography (CT) revealed a cystic mass with curvilinear calcifications extending from segment six of the right hepatic lobe into the right lower quadrant that were consistent with morphological characteristics of a echinococcal hydatid cyst.

The history of 6 years indicated a benign rather than a malignant pathology especially the patient is reasonably well, The CT scan findings(figure 1) is not consistent with liver hydatid cyst at all. It may be misinterpreted by the radiologist because unfamiliarity with liver hydatid disease.

Hudatid disease of the liver could present as uni or multi-locular cyst ,multiple cyst disease ,or as a complicated hydatid cyst . Usually it is painless and asymptomatic until it reach a large size and reaching liver capsule or causing pressure symptoms or rupturing through the peritoneal ,pleural or biliary system.

The character of the cyst is uniform ,spherical and usually occupying and compressing liver tissues. In rare circumstances the cyst could arise from liver peripheral tissue, but again because it will be growing in the abdominal cavity ,it will take the spherical rather than the shape depicted in CT picture (figure1).

2. Management:
A.I think the use of albendazole for 4 weeks is not justified in this patient. beacuse there wasn't solid ground from history ,examination and investigations to indicate a hydatid disease.
B.Type of surgery:Ileoceacal resection for this benign lesion has raised a concern.
C.If diagnostic laparoscopy has been performed ,the diagnosis would be reached and the type of surgery would be less aggressive.

Such cases always challenging to the surgeon and gynaecologist and Scaffa etal (2007)reported a right iliac fossa cyst ,turned to be a mucinous cyst adenoma of the appendix but managed with appendectomy rather than ileoecaecal resection with it's relatively high complication rate in comparision to appendectomy.

What next?: Accept after minor revisions

Quality of written English: Acceptable