Author's response to reviews

Title: Jejunal perforation by feeding jejunostomy tube: A case Report

Authors:

Nicholas A Stylianides (nickstylianides@hotmail.com)
Ravindra S Date (ravidate@hotmail.com)
Kishor G Pursnani (kish.pursnani@lthtr.nhs.uk)
Jeremy B Ward (jeremy.ward@lthtr.nhs.uk)

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Author's response to reviews: see over
Response

Reviewer Chen WunBill

Comment:

Did you perform contrast study (abdominal XP) and contrast abdominal CT scan on the same day? If you did, it would be even better if some extra data were added.

Response:

The contrast study and abdominal CT were not performed on the same day. The contrast study was performed on day 1 after feeding jejunostomy insertion and the CT was done 2 days later. This is clarified in the text. The images of both of these studies are available should you require them. However we do not believe that they would add any more value to the paper. If you still prefer to include these in the report, we would be happy to submit the images.

Reviewer Joanna Silvestre

Comment 1:

The major complications of feeding Jejunostomy are described in literature with different prevalences. Smith & Soucy described 21.9% of major morbidity, and Date et al. described more recently only 4.7%. I believe that this difference could be partially related with the particular experience of each institution. I think it would be interesting to report the number of jejunostomies being done each year.

Response:

The number of FJs at this institute in the period 2006/2007 was 22 and for the period 2007/2008 is 15. We have not included these figures in the manuscript as our aim was to report an unusual complication and not overall complication rate which is inappropriate to this manuscript. The complication rates from the literature are mentioned in the discussion only to highlight the fact that FJ is a high risk procedure.

Comment 2:

In this particular case, the type of jejunostomy executed should be highlighted, and also if needle catheter jejunostomy was considered.

Response:

The type of jejunostomy used is clearly stated in the text. Needle catheter jejunostomy was not considered as this is not a standard practice in this institute.
Comment 3:
In the third paragraph, the diagnosis of aspiration pneumonia was done without referring to any chest X-ray. Was this exam performed, and if so, what were the observable alterations?

Response:
A plain AP chest x-ray was performed and showed right lower lobe consolidation. Text is amended accordingly.

Comment 4:
Did the CT scan reveal any signs of intestinal ischemia? In the laparotomy, were there any signs of intestinal necrosis?

Response:
The CT scan did not reveal any signs of intestinal ischemia and at laparotomy there were no signs of intestinal necrosis. The tip of the feeding tube was lying outside the lumen of the bowel. We believe this to be a recent event caused by the pressure of the tip of jejunostomy causing local pressure necrosis and subsequent perforation.

The English language has been revised and edited.