Reviewer's report

Title: Subhepatically located appendix due to adhesions and foetal malrotation: two case reports

Version: 4 Date: 9 April 2008

Reviewer: Matthias Kapischke

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: An unexpected association between diseases or symptoms

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?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors describe and discuss a daily problem in emergency medicine: The difficult diagnosis of appendicitis especially in elderly patients. Two different cases are introduced-

General comments:

The manuscript is written well but lengthy. The figures are appropriate and the selection of literature is adjusted.

Criticisms in terms of content:

Case 1: The comorbidities of this patient are discussed to extensively. This should be shortened. Therefore, the results of the histological analysis of the appendix are not mentioned. The duration of the ventilation on the ICU postoperatively should be mentioned in order to clarify why the patient has been discharged 16 days after surgery – which is quite a long hospitalization.

Case 2: This case is very inexplicit. It is not mentioned why the patient should
settle with a intravenous antibiotic regimen. Why should a patient with unclear diagnosis but without fever get an antibiotic regimen? There is no statement regarding the blood chemistry etc. Why? Has the appendix been resected or not? A final statement concerning the pain of the patient is missing. Information referring to the resection of the appendix would be quite interesting, since there is the term of chronic appendicitis as well as “neurogenous appendicopathie”.

Ad Discussion:

The demand “abdominal CT scanning is frequently required for diagnostic clarification of abdominal pain…” based on reference [5] is exaggerated. Kraemer et al (Langenbecks Arch Surg 2000) is cited very often in this manuscript. Since this study does have many points of criticism, it should be cited very careful.

The differential diagnosis of the upper abdominal pain should be presented more detailed. Statements regarding the sensitivity and specificity of CT examination are missing.

Specifically those cases in a clinic’s daily work where no clarification is achieved by abdominal CT imaging, should be discussed, especially with a focus on the assessment of the feasibility and risks of an early laparoscopic intervention.

Minor criticisms:
Unique diction of units: p. 4 “temperature 36.5°C” – p. 5 “T 37.4°C”
Unit for laboratory data on p. 4 – white cell count and neutrophiles

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests