Reviewer's report

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

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Reviewer: Dileep Lobo

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: None

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

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?: No

Is the anonymity of the patient protected?: No

Comments to authors:

The authors report two cases in which the presence of a subhepatic appendix and caecum caused some diagnostic difficulty. Both patients had had previous cholecystectomy and the appendix was inflamed in only one of the two cases. The authors feel that this relatively rare occurrence merits highlighting to make the readers aware of this mode of presentation.

Both the appendix and caecum are organs that are variable in position. A recent laparoscopic study on 303 patients (Ahmed I, et al. The position of the vermiform appendix at laparoscopy. Surg Radiol Anat 2007; 29:165–168) has shown that the caecum was at McBurney’s point in 245 (80.9%) patients, pelvic in 45 (14.9%) and high lying (or sub-hepatic) in 13 (4.3%). With this sort of variability in position, it is not unusual for acute appendicitis to present with atypical signs and symptoms.

The authors’ premise that subhepatic appendicitis is rare, is therefore, flawed. They argue that subhepatic appendicitis has been rarely reported since King’s first description in 1955. However, a superficial Medline search performed by the
reviewer has revealed at least 15 published articles on the subject.


Although it is right for the authors to point out the diagnostic arising because of a subhepatic appendix and caecum, the reader must ask the question whether this is of overwhelming clinical relevance in this day and age. Cross-sectional imaging is used very frequently to diagnose unexplained acute abdominal pain and in both the cases presented CT was able to pick up the anatomical anomaly. Besides, diagnostic laparoscopy is often used in such cases, and a systematic laparoscopic inspection should also aid in the diagnosis and subsequent treatment. Perhaps, one of the reasons that a subhepatic appendix is infrequently reported its that it is a relatively common clinical occurrence!

There is no mention of the final outcome in Case 2. Was the patient eventually
rid of her abdominal pain despite removal of a histologically normal appendix?

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.