Reviewer’s report

Title: Mesenteric Panniculitis with pedal edema: A case report

Version: 3 Date: 5 August 2008

Reviewer: Nereo Vettoretto

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

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?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Diagnosis is incomplete. Mesenteric panniculitis (as it seems the most reliable phase diagnosis in reading the description of the specimen) has to be diagnosed by the presence of fatty necrosis or fibrosis, foamy macrophages in the inflammatory infiltrate, after adequate immunohistochemistry. Clinical aspect, immunosuppressant therapy (achieving symptomatic relief) or CT scan appearance alone are not enough to exclude other pathologies which concur to differential diagnosis. In fact pedal oedema might suggest a quote of lymphostasis which might be due to retroperitoneal fibrosis, liposarcoma or even nodal interest by other haematological tumors. Another way to achieve diagnosis is to make a FNAB in the recurrent mass: has it been done? Since a second explorative laparotomy might seem too invasive at the time, is the mass still bulging or has it shrinked after immunosuppressive therapy? You do not describe any control scan, neither pre or post therapy.

I do not agree with the usefulness of explorative laparotomy as it is described in literature to be the fundamental step in diagnosis. Too much enhancement on radiology alone might mislead, as histology is nowadays the only way to
differential diagnosis.
A work by Akram S and coll. from the Mayo Clinic in Rochester has been recently published and examines a large cohort of patients (Clin Gastroenterol Hepatol. 2007 May;5(5):589-96). To my advice it should be cited.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests