Reviewer's report

Title: Port site herniation of the small bowel following laparoscopy-assisted distal gastrectomy.

Version: 13 Date: 25 October 2007

Reviewer: Wing Tai Siu

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient.

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?: Yes

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

Comments to authors:

General
Interesting case report to arouse alertness on the importance of port sites closure for minimally invasive surgery.

Revisions necessary for publication

Case presentation
Specify on the make of the non-bladed trocar. (page 4, line 5)
Specify on the type of suture used for umbilical and other port sites. (page 4, line 11-13)

Why the authors used 20 absorbable sutures for port site closure? Was the suture employed constructed with special needle configuration?

What evidence suggest that thick peritoneum is a risk factor for development of bowel herniation into port sites? (page 6, last 2 sentences) The early occurence of port site herniation of small bowel in the presented site suggested technical failure in proper closure of the fascia at the time of LADG.
There are also reports on port sites herniation in 5mm trocar sites. Authors should described on various ways to secure proper closure of fascia defect, e.g. choice of sutures, port site closure devices, J shape needle, to visualize the fascia defect by laparoscope, etc.

What next?: Accept after minor revisions

Quality of written English: Acceptable