Reviewer's report

Title: Acute jejunoileal obstruction due to a pseudopolyp in a child with undiagnosed Crohn disease

Version: 2 Date: 25 November 2007

Reviewer: Mohamed Fahmy

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

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?: No

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

Comments to authors:

General

Revisions necessary for publication

First of all as the appendix included in the specimen which is 45cm, so I think the whole brunt of the disease is ileal and not ileojujunal as mentioned by the author in many parts of the report, and this should be corrected in the whole report.

Herein are the suggested correction:

Title:
ACUTE JEJUNOILEAL (Intestinal) OBSTRUCTION DUE TO A PSEUDOPOLYP IN A CHILD WITH UNDIAGNOSED CROHN DISEASE. A CASE REPORT

Abstract
A child suffered from undiagnosed Crohn disease (CD), presented with acute abdominal (Intestinal) obstruction, due to a big pseudopolyp in the jejunoileal
area (Ileum) At laparotomy, a jejunoileal (Ileum) segment of 45 cm containing multiple damages of the small intestine was excised and a primary end – to – end anastomosis was done. We couldn’t find a similar case from the international literature.

Case presentation
A 12-year-old boy was brought to the emergency Department with acute abdominal pain lasting 12 hours, also abdominal distention,( distension) absence of defecation for two days (Absolute Constipation), vomiting and fever of 38,50C. When examined he had a general abdominal tenderness. White blood cell count was 17,5k/ml with 85, 5% neutrophils, hemoglobin was 10, 9 gr/dl, hematocrit 34, 7% and platelets 820 k/ml. Abdominal x-rays showed air-fluid levels and Abdominal ultrasound examination revealed a solid intraluminal pattern (figure 1). Individual history referred intermittent abdominal pain for a period of 6 months. More information, such as diarrheas for 6 months, quick tiredness, no mood to play, laziness and paleness, were given postoperatively.

The statement (One month later, endoscopic examinations showed granulomas and other Crohn’s damages from the stomach and in the small and ascending intestine.)is not correct because how the author can examine the small intestine endoscopically, the statement (small and ascending intestine) can be replaced by the stomach and colorectum

In Discussion (CD can affect any part of alimentary tract from the mouth to the anus, with most common place the terminal ileum. Approximately, 15% of all patients with CD are children. There are special pathological features of CD from Ulcerative Colitis). This statement needs reference.

What next?: Revise and resubmit

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