Reviewer's report

Title: Unusual presentation of a giant thoracic schwannoma as an acute abdomen

Version: 3 Date: 30 December 2008

Reviewer: Gary FASS

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: 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

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case is interesting but has no impact on everyday clinical practice although it reminds us that an acute abdomen has many origins and is still the most challenging diagnosis in surgery.

The major problem of this report is that the author makes a serious mix up with “acute abdomen” and “abrupt onset of abdominal pain”. The former being a complex of symptoms AND signs, including abdominal pain.

This brings us to my next point:

This case report is supposed to be a clinical case. The clinical presentation of the patient should be more detailed especially regarding the history of the pain (previous symptoms? cramps? continuous pain? Migration? Nausea? Vomiting? Etc.) and of the abdominal examination (defence? Rebound tenderness? Bowel sounds? Temperature?).
Were any blood tests performed?
How much time between the peritoneal biopsy and the onset of pain? Any link?
How much time between the admission (for pain) and the neurological impairment?
Any explanation why both clinical presentations happened during his stay? Was there an event that might have been overlooked?

Work up:
What kind of endoscopy was performed? Upper, lower?
No abdominal ultrasound was performed on the patient. It’s the most valuable exam in acute abdomen especially if appendicitis is suspected (which was the reason for the exploratory laparotomy)
Exploratory laparoscopy would have been sounder especially if appendicitis is suspected (or any other abdominal process if the patients’ condition allows it)

Diagnosis:
Was the diagnosis of schwannoma based on the imaging studies (unlikely)
What was the path report?
Diagnosis of schwannoma should be briefly discussed through imaging studies and pathological/histochemical examination

Discussion:
Good discussion but family history and clinical and/or genetic considerations regarding schwannomas (solitary versus multiple and neurofibromatosis type 2) are lacking. A brief explanation might add some value to the reported case.

Quality of written English: Acceptable

Declaration of competing interests:
I declare that I have no competing interests