Author's response to reviews

Title: Right-Sided Bochdalek Hernia in an Adult: A Case Report

Authors:

Elina Laaksonen (elina.laaksonen@pkssk.fi)
Seppo Silvasti (seppo.silvasti@pkssk.fi)
Tapio Hakala (tapio.hakala@pkssk.fi)

Version: 3 Date: 26 January 2009

Author's response to reviews: see over
Dear Editor

We thank you for the reviewers’ valuable comments concerning our case report entitled “Right-Sided Bochdalek Hernia in an Adult: Report of a Case”. We have revised our manuscript according the suggestions of the reviewers. We hope that our revised manuscript is suitable for publication in Journal of Medical Case Reports.

Yours sincerely Elina Laaksonen

Our responses to reviewers’ comments:

Reviewer Maaroos:

There is no specific name for this kind of hernia repair. We think that we have described the technique of the repair clearly in the manuscript. The defect was closed with interrupted sutures and the repair was reinforced with a resorbable patch.

Reviewer Cadeddu:
1. According to the suggestions of reviewer we have discussed more about the diagnostic tools of Bochdalek hernia in discussion paragraph. Our revised paragraph about the diagnostic tools is as follows: “The diagnosis in our case was ascertained by a combination of chest X-ray and computed tomography. On chest X-ray Bochdalek hernia can show up as gas and fluid-filled viscera or, as in our case, pleural effusion. Contrast-enhanced computed tomography is the most useful examination for the diagnosis. Typical findings are fat or soft tissue contour on the upper surface of the diaphragm. Characteristic to Bochdalek hernia is also its posterolateral location. These findings were also present in our case.”

2. According to the suggestion of reviewer we have discussed more detailed about the relationship between endometriosis and Bochdalek hernia. Our revised manuscript is as follows: “Small defects of diaphragm caused by endometriosis have been described in literature (8). Usually these defects appear on the centrum tendineum of the diaphragm and endometrial implants may also be present. In addition, in the reported cases of endometrial lesions and perforations on the diaphragm, the patients have presented signs of pneumothorax (8). Because our patient however had no signs of endometriosis on the diaphragm, no pneumothorax and the location of the diaphragmatic defect was posterolateral, the diagnosis was Bochdalek hernia. A chest X-ray taken ten years earlier revealed that the right diaphragm was already exceptionally high.”
3. We have discussed the reason of our choice to perform thoracotomy instead of thoracoskopic repair in discussion paragraph. We added following sentences to the end of discussion paragraph: “In our case the size of the defect in the diaphragm that we detected during the laparoscopy was 10 cm wide. Because of the big size of the defect we decided to perform thoracotomy and open repair of hernia instead of thoracoskopic repair.”