Author's response to reviews

Title: Mucinous Cystadenoma of Appendix in a 70 years old woman: Management at Crossroads

Authors:

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The Editor,

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Dear Sir / Madam,

Thank you very much for getting a peer review of our manuscript titled, “Mucinous Cystadenoma of Appendix in a 70 years old woman: Management at Crossroads”. We are grateful to the reviewers for their time and input for our manuscript. We have reviewed our paper in the light of comments made by the reviewers and made some changes in the manuscript. Reviewer 2 (Dr. Quanda Liu) accepted the paper for publication without change. The answers to the questions raised by the reviewer # 1 (Dr. SS Ng) are as follows:

Reviewer's comment:

1. The authors should try to describe more about the operative details. Why did they choose to perform a laparoscopy first? Did they plan or attempt to do a laparoscopic dissection/appendectomy? What was the reason for conversion to open appendectomy? Did they use a midline or grid-iron incision for the open appendectomy?

Response to comment 1:

We chose laparoscopy as an initial step in our patient to look for any mucin spillage of the peritoneal cavity before surgical intervention, because any such finding could mandate a more extensive surgery. Once no spillage was identified, we proceeded with open surgery by using a limited transverse muscle cutting; this was done so that the appendix was carefully dissected and removed as the potential for...
spillage exists with laparoscopic approach and its always better to err on the side of caution. The lateral abdominal wall peritoneum was taken with the appendix to prevent any spillage of appendiceal contents in the abdominal cavity.

**Reviewer’s comment:**

2. The base of the appendix seemed to be very broad on computed tomography. A simple appendectomy might be difficult in this complicated case, and a limited right hemicolectomy might be technically easier. Did they encounter a lot of adhesions during dissection of the appendix? How did the authors control the base of the appendix during surgery? Was there any spillage of mucinous material during mobilization and transection of the appendix?

**Response to comment 2:**

The base of the appendix was not found to be unusually wide at the time of surgery (although CT finding may have suggested otherwise) and was controlled by using the trans-fixation sutures easily. The adhesions of the appendix were not very dense or difficult to dissect and the appendix was removed with the surrounding parietal peritoneum. We were prepared to perform a right hemicolectomy in case there was any evidence of advanced disease. The role of preoperative colonoscopy is also important in this situation which didn’t show any evidence of disease in the cecum in our patient. There was no spillage of mucinous material during mobilization and transaction of the appendix.

**Reviewer’s comment:**

The authors have emphasized the role of intraoperative frozen section to guide the extent of surgical resection, which I think is only applicable in selected cases. The main concern of surgical treatment of mucinous neoplasm of the appendix is intraoperative spillage of mucinous material during transection of
the appendix, particularly for appendix with a wide base. Therefore some surgeons have advocated
either a limited right or right hemicolectomy to avoid such a complication. Would the authors like to
comment on this point?

Response to comment 3:

We agree with the reviewer’s comment that the main concern during surgery for mucinous neoplasm of
appendix is prevention of spillage of mucin and we propose use of frozen section only in those situations
where appendectomy alone can be performed safely without any spillage of contents. A right or limited
right hemicolectomy is a more extensive procedure in an older patient and we believe that some
patients may be spared the morbidity of a relatively major intervention by using this approach. We wish
to emphasize again that the control of spillage is the main issue in these patients which may lead to
pseudomyxoma peritonei; otherwise the extent of resection does not influence the overall outcome. We
therefore have written that frozen section in selected cases may represent a useful approach.

I hope that we have satisfactorily responded to the comments made by the reviewer. If there are any
further questions or queries, we will be more than happy to respond. Accordingly, we have made
changes in the revised manuscript and the changes have been highlighted in bold.

Thank you again.

Kind regards,

Authors