Reviewer’s report

Title: Irritable bowel presentation caused by foreign body ingestion: a case report.

Version: 1 Date: 4 February 2010

Reviewer: Dimitrios Samonakis

Which of the following best describes what type of case report this is?: 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 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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting case which was nicely approached in the Primary care practice.

- The title should be changed to reflect better the message of the case (for example IBS-like symptoms ...)
- The patient was not symptom free; long-standing "gastric & bowel disorders" are in the history which were not previously investigated. This might be related to a chronic GI disorder which could affect patient’s status from time to time.
- Correct the IBD with IBS in the paragraph that starts with "The first impression was..."
- The differential diagnosis in discussion should be more orientated to patient's
age and symptoms; is it possible this patient to have "duodenal-jejunal atresia or necrotizing enterocolitis or Hirschprung's"?

- No biopsies from the left and right colon were taken, therefore microscopic colitis (lymphocytic, collagenous) was not excluded, entity that could have similar symptoms.

- Looking at the endoscopy photos, no particular inflammation or tissue reaction is noted. It is remarkable how only the presence of the foreign body has induced such long lasting worsening symptoms. It would be interesting to have a clinical follow up of this patient after some weeks or months and re evaluate symptoms.

- As regards NICE guidelines, these are not universally accepted and followed. These help UK's health policy but are not dogma. The decision for this (every) patient should be individualised and the authors have correctly ordered a colonoscopy. If someone would like to search for guidelines, could think for example WHO and AGA recommendations about performing colonoscopy at least at the age of 50 in order to prevent colon cancer. This patient's age was 56.

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

**Declaration of competing interests:**

I declare that I have no competing interests