Reviewer’s report

Title: Synchronous perforation of a duodenal and a gastric ulcer—a rare case report

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Reviewer: Guglielminotti Piero

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?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

Reviewer’s report: general comments

This report presents a case of a simultaneous perforation of two gastro-duodenal peptic ulcers. The aim of the Authors is to emphasize the rarity of this event, and the possibility to meet such a situation every time we approach a Patient with a suspected perforated peptic ulcer.

Starting from this experience, They take distance from laparoscopic approach as a standard method to treat peptic ulcer perforations, moreover in high risk Patients and when the diagnosis is uncertain. With a laparotomy They successfully managed a double perforation that “could have been easily misdiagnosed and undertreated”... They conclude with the basic suggestion to explore completely the abdominal cavity in every intervention for peritonitis.
I agree with that, of course!.. But I must remark some unspecified points..

The report is quite good introduced and the "goal" to remember us to pay attention is admirable, especially when peptic perforated ulcers are managed by laparoscopic approach. But, please, take note that the case in point showed signs of sepsis and old-time perforation….. And we know from the literature these Patients are better approached by laparotomy (see references below)

Let’s go into details, now:

1) to the knowledge of the Authors, this is the 2nd report in medical literature of a synchronous peptic perforation, but I’m not sure that it’s true. In a Pubmed research you can find some other similar reports, starting from 1951 to 1984. Nevertheless, I think it’s worth while to remind once more this kind of unexpected event when managing a perforated peptic ulcer.

2) To the Authors’ concern, “surgery for perforation is recommended in Patients with hemodynamic instability, signs of peritonitis and free extravasation of contrast material on upper GI contrast studies…” In my opinion, surgical abdominal exploration (both laparoscopic and laparotomic) is always indicated in gastro-duodenal perforation, regardless of signs of sepsis and hemodynamic instability.

3) Which is your diagnostic protocol? Do you only perform plain X-rays? What about a CT scan to better define the site of perforation?

4) Why did you perform a Nissen funduplicatio to your Patient? Is there any indication to add this procedure during an emergency intervention for a peptic perforation? I don’t agree with it.

5) Can you better define your treatment? Did you administer protonic pump inhibitors and broad-spectrum antibiotics to your Patient? Did you put a naso-gastric tube? Did you plan an endoscopic surveillance?

references:


Quality of written English: Acceptable

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