Reviewer's report

Title: Benign Cystic Mesothelioma of the Appendix

Version: 1 Date: 3 February 2010

Reviewer: Wolfram Trudo Knoefel

Which of the following following best describes what type of case report this is?: Other

If other, please specify:
repeat performance

Has the case been reported coherently?: No

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?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

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:

The manuscript "Benign Cystic Mesothelioma of the Appendix" presents an interesting case of a 19 year old patient.

The patient presented with abdominal pain and imaging suggested appendicitis with abscess or a cystic neoplasia. A radiologic drainage was arranged and patient was treated with antibiotics. An interval appendicectomy was scheduled two weeks later. At laparoscopy an unusual cystic mass was found arising from the appendix the surgeon decided to convert to an open procedure. Histology revealed a benign cystic mesothelioma or peritoneal inclusion cyst.
General:

This manuscript contains an interesting case but I do have some concerns:

1. Why was an interventional drainage performed? The cystic lesion is not a 'proof' of an appendicitis.
2. The serous drainage is suggestive of another diagnosis than appendicitis!
3. How would the authors differentiate the lesion from a mucinous cystadenoma (Krieg et al. J Med Case Reports. 2008;2:218.
4. Why would the authors attempt to treat this lesion by laparoscopy in a young female patient when a local approach yields much better cosmetic results?
5. The note that the specimen ruptured during transfer from the OR table to the photography table is not convincing.
6. What precautions did the authors take to prevent recurrence after 'accidental' drainage? The non-in-toto specimen has poor educational value.
7. What is new about this particular case to make it of value to the reader?

Minor:

1. The authors requested CT scan of the abdomen for this young patient which means radiation exposure. What about ultrasound?
2. The references should be listed adequately with title and full citations in a coherent way.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests