Reviewer's report

**Title:** Intussusception of the small bowel in the elderly secondary to malignant metastases: a case series.

**Version:** 2  **Date:** 22 March 2010

**Reviewer:** ramanuj mukherjee

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

If other, please specify:

The present article (especially case 1) throws light on metastatic lobular cancer of breast as the cause which is definitely a very rare presentation of a metastatic breast cancer in abdomen

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?: 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:

Spelling mistakes & grammatical errors:
Abstract: 1. Para 3 symptoms and signs will be signs and symptoms
Text: Para 3: Add “with” and make sentence as she presented with bone metastases.
Para 4: Reframe ileum were resected with ileum was resected.

Para 5: double jejunojejunal intussusception will be jejunojejunal intussusception.

Para 5: was the cause of intussusception in. end the sentence properly.

Para 7: provided that the state of health of the patient allows it should be in brackets (...).

TEXT

1. This is not a SERIES; a series must have at least 5/7 cases .please rename the article.

2. The abstract may be described in a continuum as “our first patient…Our next/second patient presented with…. .

3. Do you really need the line “Although CT scan…. etiologic agent” in writing conclusion of abstract?

4. Reframe breast lobular carcinoma With Lobular carcinoma of Breast.

5. Add the word metastatic in demonstrated melanoma of the small bowel.

6. How is the diagnosis done by CT scan in second case?

Figures (legends)

1. Figure 4 showing CT scan may be labeled with an asterix(*) showing disesed segment. If you have a coronal CT/MDCT/ few others “cuts” this can show us the classic diagnosis.

2. Figure 2 is excellent !!.Can you include figure 3 as inset?

Case 1. We are interested to know
a) Any History of previous bowel surgery/Abdominal surgery
b) Mention that she had mastectomy 3 years ago in text; not only in abstract.
c) Apart from the mesenteric nodules were there any signs of peritoneal carcinomatosis?
d) Were there any pelvic/subphrenic deposits?
e) Did the bone scan (during follow up adjuvant therapy) pick up any abdominal disease as she had 3 episodes of obstruction in the last year?

Case 2
a) What were the CT suggestive features that suggested the tell tale diagnosis of a intussusception? You have reported only An intestinal loop with an abnormally thick wall (approximately 10 mm) with dilatation of the stomach and the small bowel full of liquid up to the proximal ileum.

These findings that you have mentioned constitute a small bowel obstruction due to a cause in the bowel wall (e.g. A small bowel adenocarcinoma). Please specify what you have obtained in CT to suggest a diagnosis of intussusception?
b) What is a DOUBLE jejunojejunal intussusception?

Discussion

a) Reference of Barbette from Amsterdam was the first person to refer to intussusception in 1674.
b) Year and reference of “The first successful…. Sir Jonathan Hutchinson.”
c) Why use Barium films in comparison to gastrograffin films which are much safer in obstructing or perforating bowel lesions?
d) What was the type of metastasis of melanoma ploypoid or submucosal implant?

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

Declaration of competing interests:

'I declare that I have no competing interests'