Reviewer’s report

Title: Boiled egg in peritoneal cavity - a giant peritoneal loose body: a case report

Version: 1 Date: 27 April 2010

Reviewer: Harish Iyer

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?: No

Is the case report authentic?: 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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments:

The case is interesting, but the language is poor, and there are numerous grammatical errors. These will have to be corrected in the revision.

I am also disturbed by the blatant plagiarism by the authors. I have noticed a few sentences in their manuscript which are an exact copy from the published literature. I have cited these in the specific comments.

The authors start off by calling the peritoneal body “loose” but later on describe that it is actually attached to the omentum. In their own words “parasitized”. The authors should comment on whether the title needs to be reconsidered.

Specific comments:

A. Abstract:
i. Introduction:
1. Line 1 “Peritoneal loose bodies or peritoneal mice are asymptomatic and mostly found as incidentalomas during abdominal surgery or autopsy” is verbatim from Peritoneal mice implicated in intestinal obstruction: report of a case and review of the literature. Ghosh P, Strong C, Naugler W, Haghighi P, Carethers JM. J Clin Gastroenterol. 2006;40:427
2. Line 4: should read “infarcted” not infracted.
3. Line 6: should read “abdominal cavity”

ii. Case presentation
1. Line 2: should read “64 year old patient”
2. Line 2: should read “patient who presented”

iii. Conclusion
2. Line 3: should read “until they become complicated”
3. Line 4: should read “limitations”

B. Introduction
1. Line 3: should read “only few cases have been demonstrated”
2. Line 3-7 “The most common origin of loose bodies is appendices epiploica (by the sequential process of torsion, infarction, saponification and calcification) (1,2) and some authors have suggested that large loose bodies can be formed by accumulation of peritoneal serum to these infarcted appendices epiploica” is almost verbatim from Endoscopic extraction of a peritoneal loose body: a case report of an infant.Asabe K, Maekawa T, Yamashita Y, Shirakusa T. Pediatr Surg Int. 2005; 21:388.
3. Line 8: should read “until they become complicated”
4. Line 9: should read “tomography” not topography

C. Case Report
1. Line 1: should read “A 64 year old man…”
2. Line 1: should read “with complaints of abdominal pain”
3. Line 8: Instead of calling the body “a boiled hen’s egg”, the authors should first describe the body as they do later on, and finally draw their conclusion.
4. Line 13: should read “On cut surface, it had…”
5. Line 14: should read “The white part was…”
6. Line 17: should read “Histologically, it consisted of…”

D. Discussion
1. Line 10 “in case of chronic torsion of the appendix epiploica, the blood supply is shut off, Which leads to saponification and calcification of fat contents and the pedicle atrophies. Finally, the appendix epiploica detaches from the colon and becomes a peritoneal loose body” is almost verbatim from Endoscopic extraction of a peritoneal loose body: a case report of an infant. Asabe K, Maekawa T, Yamashita Y, Shirakusa T. Pediatr Surg Int. 2005; 21:388.

2. Line 17: should read “once they become devoid of …”

3. Line 19: should read “once the appendices epiploica gets saponified…”

4. Line 19: should read “accumulates around it…”

5. Line 23: should read “attached with the omentum and receives its blood…”

6. The authors should comment on alternative theories on formation of loose bodies such as local trauma from previous surgery, or local inflammatory processes such as inflammatory bowel disease or diverticulitis.

7. The authors should also comment on differential diagnosis of loose bodies and or calcifications in the abdominal cavity such as leiomyomas, desmoids tumors, granulomas from TB, teratoma, lymphoma, foreign bodies, GIST, etc.

8. The authors noted that the body had an appearance of calcification; Was this noted on the initial abdominal X ray? Authors should comment on this.

9. Authors should comment on Imaging differences between the entities described in #7.

10. Authors should comment on Wide window-width CT scanning with regards to diagnosing loose bodies.

11. Authors should outline broad management principles of simple uncomplicated and complicated loose bodies.

12. Previous case reports describe bowel obstruction from the loose bodies; However, in the case report described, the loose body was just an incidental finding- Authors should clarify this.

13. Authors should mention about the patients post operative course and follow up.

E. Conclusion: There is lot of repetition in this part; This should be re-written.