Reviewer's report

Title: Massive Right Sided Bochdalek Hernia with two Unusual Complications: a case report.

Version: 2 Date: 26 March 2011

Reviewer: Parsia Vagefi

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

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?: 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:

Interesting case of a right sided bochdalek hernia, repaired through a thoracoabdominal approach.

Overall the clinical description of the case is appropriate, as is the operative description of the repair through a thoracabdominal approach with the use of mesh for reconstruction of the diaphragm. Indeed, this is a rare hernia in adults. As the patient was being followed prior to operative intervention, which organs where already known to be present in the chest cavity prior to presentation? was the hepatic herniation new or was the cholecystitis the cause of the symptoms?

As there is only one author I would recommend changing the pleural references to self (i.e. "our" and "we") to a more appropriate format. The most impressive
images are clearly the images of the abdominal viscera in the right chest, and the 
article may benefit from an additional CT image showing this. In addition, would 
suggest labeling the CT scan images and the operative photos for those 
non-surgeons interested in this article. The CXR follow up image is not normal, 
and appears to show either a recurrent hernia or perhaps eventration due in part 
to a large piece of mesh? This should be clarified. Was there a follow up CT 
scan?

The association of NRH with the hernia is not based on any evidence, and 
should not be reported as being related. Indeed, if this patient has NRH, then 
was there any evidence of portal hyperension- hypersplenism? 
thrombocytopenia? esophageal varices?. It is unclear from the case report 
whether or not the cholecystitis was caused by the hernia or by another etiology.

Although a concern in the pediatric population, intra-abdominal hypertension and 
abdominal compartment syndrome following abdominal visceral reduction in a full 
sized adult male seems unlikely. Indeed, if there was that much concern then 
was the patient kept intubated/sedated/paralyzed for accurate post-operative 
bladder pressure measurements? could the fascia not be approximated? was the 
mesh placed prophylactically?

The strong points of the case are the diagnosis, presentation, and operative 
management, and this is what should be emphasized. The speculation of an 
association of the hernia and NRH, as well as over-emphasis of ACS, weaken 
the case report.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests