Reviewer's report

Title: Preoperative diagnosis and successful surgery of strangulated internal hernia through a defect in the falciform ligament: Report of a Case

Version: 2 Date: 6 March 2012

Reviewer: Julie Wesp

Which of the 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?: No

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:

Congratulations, the case has been reported in such a manner so that it is easy to read and flows succinctly. The timeline of events reported in regards to the patient’s care is comprehensible. The sentence structure and phrasing is also adequate.

It is implied but not said specifically that this patient was considered to have had an acute abdomen which required immediate surgical intervention. Is this true? If so, would it be then be helpful to mention the role of physical examination in recognizing an acute abdomen; and how physical examination aids in the decision to take a patient to the operating room, in combination with the findings on CT?
Additionally, there is no mention of a working diagnosis. Please provide possible other causes of the patient’s condition other than underlying lung pathology. What, other than an internal hernia could have caused her abdominal symptoms? This is important to mention so that the reader can understand the thought process of the practitioners involved in the patient’s plan of care.

This case is not worth reporting at this time. Perhaps with the addition of changes made after peer review, the case would be eligible for repeat submission and reevaluation. There is nothing reported in this case that ultimately changes the current standard of care. There is educational value in discussing findings of herniation through a defect in the falciform ligament and its rarity; however, the therapeutic treatment remains the same whether or not this phenomenon is recognized on CT examination. Patients with a defect in the falciform ligament who also have internal herniation will present with abdominal symptoms and will eventually be taken to the OR with an acute abdomen or with an unresolved bowel obstruction.

Additionally, the case report should perhaps be reframed in that the comment should not be on reporting unique CT findings, but on creating a new thought process for differential diagnosis when a patient presents with abdominal symptoms and signs of obstruction. This differential diagnosis should be inclusive of the possibility of herniation through a defect in the falciform ligament. Then CT can be used to further support the suspected diagnosis.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests