Author's response to reviews

Title: An uncommon reason for failure of CT colonoscopy: a case report

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Author's response to reviews: see over
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Dear Editor,

Enclosed, please find a second revised version of the manuscript entitled “An uncommon reason for failure of CT colonoscopy: a case report” for consideration in Journal of Medical Case Report.

Please, find attached a point-by-point response to the reviewer.

Thank you for your time on our behalf.

Sincerely,

Xavier Montet
Answer to the reviewer:

In my opinion, to be accepted this case report should be re written and explain to the lecturers that is not a indication of CTC and avoided to perform this exam in this clinical presentation.

We carefully search for the official contraindication of CTC. We found in Virtual colonoscopy: a practical guide by Lefere and Gryspeerdt, chapter 2.3 the following contraindications:

The authors do not mention a fistula as contraindication.


Contraindications to CTC include acute abdominal pain, recent abdominal or pelvic surgery, abdominal wall hernia with entrapment of colonic loops, and acute inflammatory conditions, such as acute diverticulitis, acute active stage of ulcerative colitis or Crohn’s disease, and toxic megacolon. In these conditions, insufflation of the colon can lead to perforation and widespread peritonitis [33–35]. In addition, there are also general CT contraindications that matter in CTC as well, such as weight and girth limitations of the scanner, artifacts from metal prosthesis, pregnancy, and patients with claustrophobia.

Again, in this paper, fistulas are not indicated as contraindication.

The very same reviewer also published recently a paper on CT colonography: CT colonography: Why? When? How? by C. Ridereau-Zins et al. in Diagnostic and Interventional Imaging (2012) 93, 2-9. In this paper, there is a paragraph about contraindication:

Contraindications are intestinal obstruction syndrome, acute abdomen syndrome, recent abdominal surgery, and pregnancy. Difficulties insufflating the colon or positioning the patient may be encountered with obese patients.

Again, fistulas are not indicated as potential contraindication.

From all this, we believe that this case report is innovative. The case report was meant to present a relative contraindication to CTC that is never taken into
account in the scientific literature. It is difficult to rewrite the entire paper, based on a personal opinion, which is not sustained in the scientific literature.

Nevertheless, we have now clearly indicated that a fistula could be a relative contraindication to CTC.

Secondly, this line needs to be revised (page 4):
"An OC was performed to investigate the colon for the eventual presence of a colic neoplasm associated with the colovesical fistula."

Do the authors mean potential presence as opposed to eventual presence??

We thank the reviewer for this comment and as asked, have replaced eventual by potential.