Reviewer's report

Title: Superior Mesenteric Arterial Branch Occlusion Causing Partial Jejunal Ischemia: a Case Report.

Version: 2 Date: 25 August 2011

Reviewer: Paul Leyman

Which of the following best describes what type of case report this is?: Other

If other, please specify:

see comment to the authors.

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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

1. Comments on the form of the article:
   - p 4: discussion line 1: "accounts for 60 to 80 % of all cases ... of what ? I suppose cases of mesenteric ischemia ?
   - p 6: par 3: has confirmed their feasibility, safety and (acceptable) patency (rate) ?
2. Comments on the content of the article:

The article gives a good overview of pathophysiology, symptoms, diagnosis and treatment of all mesenteric ischemic events. In the last paragraph of the discussion the authors discuss the symptomatology of this case in the light of the symptomatology of both Acute Mesenteric Ischemia (AMI) and Chronic Mesenteric Ischemia. It is stated that "there was discrepancy between symptomatology " leading to etiological confusion between AMI and CMI. However no explanation is given for symptoms of the patient described in the case presentation, such as melena and fever.

As stated in my review of the first version of the article, this case is in my view a delayed presentation of acute small bowel ischemia. As generally accepted, localised, non extensive ischemia (eg. short segment of bowel and/or incomplete occlusion) may lead to narrowing and stenosis. Because of failure of the mucosal barrier, bacterial translocation can occur and can cause fever. Reperfusion of the bowel segment by collateral circulation may cause mucosal bleeding resulting in melena. This indeed is a rather unusual, less dramatic presentation of small bowel ischemia, resembling more the clinical picture of what is often termed "ischemic colitis. Thus, in my opinion, the symptoms described in the case perfectly fit to the clinical picture of a ischemic stenosis of a segment of small bowel. I don't see how the symptomatology evokes that of CMI.

What is rather unusual about the case is that the embolism occurred only in a segmental branch of the superior mesenteric artery. Is there any other explanation than mere luck of the patient ?

In summary :

- having to respond to the question " Which of the following following best describes what type of case report this is? ", I can not find any defendable element in the present article that fits to one of the proposed answers by the publishers.

- the article describes the pathology very well however too less links are made between the case itself and what is discussed.

To make the article worthwhile publishing I permit myself to suggest the following to the authors :

- try to explain, if ever possible, why the embolism only involved a segmental branch (was it just luck ?).
- How often does such a segmental occlusion occur (any literature data ?)
- link the case to the clinical picture of ischemic colitis.

This (and perhaps other elements) could make your case "an unexpected or unusual presentation of the disease". In the present form it is not.

Quality of written English: Acceptable