Author's response to reviews

Title: Appendiceal Duplication, A Rare Anatomical Anomaly: a case study

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Author's response to reviews:

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Professor Michael Kidd AM
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c/o BioMed Central
236 Gray's Inn Road
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Dear Professor Kidd and Editorial Board:

Thank you for reviewing our manuscript entitled "Appendiceal duplication, a rare anatomic anomaly: a case report." (MS 8368162185759059)

We appreciate the feedback from the journal as well as the reviewer. We have incorporated the changes and revisions that were requested. The recommendations are in red ink with our responses in black ink.

1. Please include the study design in your title, i.e. Case report. For example: A presenting with B in C: a case report.

We have added 'case report' to our running title.

2. Please revise the consent statement to confirm that informed written consent was received for publication of the manuscript and figures. Written informed consent was obtained from the patient's legal guardian for publication of this manuscript and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."
We have revised the consent section for our patient and have added this to the manuscript before the references section.

3. Please move the consent section before the reference list.
4. Please remove figures embedded in the main manuscript. Figures uploaded as additional files are enough.

The Figures have been removed from the main manuscript.

In the abstract:
3rd sentence – add word “operative” – to read “We recommend aggressive [operative] management should this anatomical variation…..”

We did add the word operative and conveyed the importance of operative intervention in the setting of acute inflammation.

The portion entitled “conclusion” should be entitled “discussion” as this paragraph is not a conclusion. There should be a “conclusion” section following this which would be a one line sentence concluding their observations.

The original conclusion was reformatted and put into the discussion with a new short and concise conclusion written for that section.

In the Introduction:
Last line, I disagree with the phrase “is not a surgical issue” as these findings often prompt surgical review and surgical consult. However, I believe that the authors are trying say that the mere presence of a duplicated appendix does not require operative intervention, and would suggest that the authors re-state the sentence as follows – “While the presence of appendiceal duplication in the absence of inflammation [does not require operative intervention], once there is…..”

We changed this to reflect the opinion of the referee. While we hold fast to the notion that the finding of appendiceal duplication does not immediately warrant an appendectomy, we did change the section and sentence to reflect the importance of operative intervention.

In the Case Presentation:
Can the authors offer the working diagnosis on discharge of the patient?

A working diagnosis was provided.

In the Discussion:
The authors do a good job in describing the classification system, as well as a work up. However, the authors should write a section pertaining to management
once the finding occurs, as this is a critical component in any case report. The authors make allusion to management in their abstract, but there is nothing in the discussion in the body of the manuscript describing management, either operative or non-operative.

The management was included into the discussion section. The conclusion was completely edited to be short and reflective of our findings and literature review.

The conclusion section is not the best location to mention management while it has not been mentioned in the body of the discussion. Could the authors discuss management in varying contexts such as incidental finding on CT scan, versus incidental finding during operation for other diseases, versus acutely inflamed appendix, versus duplication in the setting of inflammatory diseases such as Crohn’s disease.

We discuss the findings of appendiceal duplication in the setting of other abdominal pathology. This was an excellent point raised by the referee.

Furthermore, in the introduction, the authors state that appendiceal duplication is associated with intestinal, bone and genitourinary abnormalities – could the authors expand on what the work up should be and how aggressive should be clinician be in undertaking a work up of these associations once a duplication is found.

While the finding is not pathopneumonic of any specific disorder, we mention that the more pressing issue is the appendix, with a workup for other abnormalities to be conducted later.

Last sentence in the discussion – word “Leak” should be “Lead” [to confusion].

This was a typo, we apologize that this escaped our review process.

I appreciate the opportunity to review this submission. I think that this is a very interesting case report and hope that the authors can address the above mentioned concerns and questions.

We would like to express our most sincere gratitude to the journal and the referee for all their time and efforts. We are excited about the next stage of review for our manuscript.

Respectfully Yours,

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