Reviewer’s report

Title: Congenital asymptomatic diaphragmatic hernias in adults: a case series.

Version: 3 Date: 10 February 2013

Reviewer: Miroslava Funakova

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?: Yes

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:

Dear authors,

The manuscript is interesting because it deals with relatively rare diagnosis in adults- congenital diaphragmatic hernia.

Let me write down few comments:

The manuscript is divided into standard parts- introduction, case presentation, discussion and conclusion. The embryology and pathophysiology of congenital diaphragmatic hernia is well described in details. It should be also mentioned, that pulmonary hypoplasia in CDH is not just the result of direct compression of lung parenchyma, but pulmonary development is disrupted early in gestation, before visceral herniation has occurred. However etiology of pulmonary hypoplasia in CDH remains unknown.
Epidemiology- according to my knowledge, female infants are affected twice as often as males. I would not write “rare” condition, rather “relatively common” (incidence 1-5 per 1000 is quite high)

In introduction authors write, that diagnosis of CDH may be detected during fetal life by prenatal US. I would rather write that detection of CDH is made with prenatal US in 50-90% of cases.

In our department in cases of later presentation of CDH due to respiratory or gastrointestinal symptomatology and X-ray suspicious viscera herniation to the thorax, we standard provide contrast examination of gastrointestinal tract, or CT with oral and intravenous contrast. I find MRI is not needed to conclude the diagnosis.

In part Case presentations I would appreciate some more detailed information about each case: what kind of management followed after the diagnosis was determined. What kind of surgery do you prefer at your department, outcome after surgery, have you observed any associated anomalies in patients?

The authors also mentioned up to date possibilities of fetal tracheal occlusion and miniinvasive surgery. MIS play an important role especially in the management of later age presenting CDH.

Congenital diaphragmatic hernia could be presented with chronic and non-specific respiratory or gastrointestinal symptoms after finishing neonatal period in rare cases. Time to time, presentation of diaphragmatic hernia as „acute abdomen” could be seen and that is a life-threatening event. Among other things the manuscript is important for differential diagnostic steps in above mentioned cases.

**Quality of written English:** Acceptable