Author's response to reviews

Title: Jejunoduodenal intussusception caused by a solitary polyp in a young female with Peutz-Jeger's syndrome: a case report

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Author's response to reviews: see over
We have made the following changes to the manuscript according to the reviewer’s recommendations:

**Case presentation:**

We wish to know more details about the following:

The history part is insufficient and more data must be added:

1) Is the patient married?: **She is single** (case presentation: first sentence).

2) More details of the abdominal pain, its location, intensity, radiation, aggravating and relieving features: **This colicky abdominal pain was located in the right upper abdomen and was found to be nonradiating in nature. The pain become stronger after eating or drinking, and vomiting was found to relieve the pain for a while. Her upper abdomen was tender upon palpation, and guarding was significant in the right upper abdomen. Rebound tenderness or rigidity was not detected in the patient (case presentation first paragraph).**

3) Past history needs more elaboration. On what basis was she diagnosed as having PJS and what was her age then? Were any genetic studies like STK 11 mutation studies done before?: The patient had been previously diagnosed with PJS for 5 year’s time however there was no prior hospitalizations, nor an operative history. Since the age of sixteen, the patient suffered from chronic abdominal pain and perioral hyperpigmentation. Due to the presenting complaints, further investigation had been performed at another hospital. According to endoscopic and computerized tomography enteroclysis findings, there was only a small soliter polyp in the proximal jejunum noted. Unfortunately, no genetic studies for her or her family could be performed.

4) Family history needs elaboration. Did she have any 1st or 2nd degree relatives with PJS?: To our knowledge she has no 1st or 2nd degree relatives with PJS.

5) Examination section needs more elaboration: Case presentation first paragraph.

6) Vitals of the patient must be mentioned: The vital signs were normal except for a mild tachycardia (110/min) (Case presentation, second paragraph, first sentence).

7) Laboratory is also added: Leukocyte count was 13.1 × 109/L, total and direct bilirubin count was 4.0 and 2.9 mg/dL, respectively. Blood amylase level was slightly increased (230 U/L). Except for the lab values noted, all
other laboratory tests were deemed normal (case presentation second paragraph.)

Investigations:
We wish to know the baseline investigations of the patient on admission.

More details of CT abdomen are needed, especially if polyps were seen in any other part of the abdomen: The CT did not reveal any other polyps in the gastrointestinal tract. Also, a colonoscopy had been previously performed in an other clinic two months prior to the presenting symptoms, and the findings of this examination were normal (case presentation, fifth paragraph).

Management:

1) Were genetic mutation studies for STK 11 done?: Unfortunately no.
2) How was it ascertained that she has no more polyps left?: CT enteroclysis (second paragraph.)
3) Was family screening done on discharge of the patient?: Unfortunately, the whole family lives in an another city. Therefore, the screening couldn’t be done.

Discussion:
This section needs to be extensively rewritten with a good review of literature.

Diagnostic

1) criteria for PJS need to be mentioned here: A clinical diagnosis of PJS may be made when any one of the following conditions is present in a single individual: two or more histologically confirmed PJ polyps, any number of PJ polyps detected in one individual who has a family history of PJS in close relative(s), characteristic mucocutaneous pigmentation in an individual who has a family history of PJS in close relative(s), any number of PJ polyps in an individual who also has characteristic mucocutaneous pigmentation [1]. (discussion, second paragraph).

2) Different types of intussusceptions due to PJS polyps reported in literature need to be discussed. Intussusception occurs when one loop of bowel (intussusceptum) telescopes into an adjacent segment (intussuscipiens). This clinical presentation was observed in 47–69% in adult patients with PJS and most of them were due to polyps that located in small intestine (3). Majority of intussusception presentation of PJS are ileal or jejunal in the literature as case reports [2,5,6,7]. Colo-colonic
intussusception is reported only a few cases [8]. The duedonum is a particularly uncommon site for intussusception, since it lies in a fixed retroperitoneal position.

3) This would be followed by discussion of different treatment options like double balloon enteroscopy, enteroscopic polypectomy and laparotomy with polypectomy, when they can be used and their advantages and disadvantages: We added 4 other reports for discussing this part.

Endoscopy has a distinct role in diagnosis and also treatment of intussusception. Endoscopic polypectomy, double-balloon enteroscopy are therapy options even in patients with a history of extensive abdominal surgery. Double-balloon enteroscopy may decrease the need for laparotomy in patients with PJS. [9,10]. Furthermore, the use of this approach can lead to a healthier life and to a longer life expectancy for the patient to avoid short bowel syndrome in multiple intussusception. However, this technique has limitations for large solitary polyps and need more experience. In our case, endoscopic reduction was unfortunately ineffective and we have no equipments of double-balloon enteroscopy.

Endoscopic removal of a pedunculated polyp is the ideal method of treatment, however when this is not possible, laparoscopy can be a safe and effective alternative for reduction of the intussusception and bowel resection [11,12]. The polyp that caused intussusception in described patient located in fourth part of duedonum. Due to retroperitoneal localisation of duedonum and invagination of jejunum, laparoscopic management might increase the risk of morbidity in especially unexperienced hands. Thereby, we performed a laparotomy for reduction of the intussusception and bowel resection.

English and grammar:

The manuscript was revised from a professional editing service.

References:

They were written in correct format as recommended.

Figures:

1) Please add labels to the findings on the pictures.: it has be done
2) Please add the histopathology slide picture of this polyp showing its hamartomatous nature: we added a new figure for his aim.(figure 4)