Reviewer's report

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

Version: 3 Date: 28 July 2013

Reviewer: Hardik Thakker

Which of the 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?: No

Does the case report have explanatory value?: No

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:

The authors have given an interesting account of jejuno-duodenal intussusception caused by a hamartomatous Peutz-jegher's polyp. This type of intussusception is indeed rare and has not been reported before.

I would recommend the following changes to be made to the manuscript to take it to the next level:

Case presentation:

We wish to know more details about the following:

The history part is insufficient and more data must be added
Is the patient married?

More details of the abdominal pain, its location, intensity, radiation, aggravating and relieving factors.

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?

Family history needs elaboration. Did she have any 1st or 2nd degree relatives with PJS?

Examination section needs more elaboration.

Vitals of the patient must be mentioned.

Guarding/ rebound tenderness/ rigidity have not been commented upon.

Investigations:

We wish to know the baseline investigations of the patient on admission and her serum amylase levels.

More details of CT abdomen are needed, especially if polyps were seen in any other part of the abdomen.

Management:

Were genetic mutation studies for STK 11 done?

How was it ascertained that she has no more polyps left?

CT enteroclysis would have given this answer and an enteroscopic polypectomy would have been the final solution so that she doesn’t have intussusceptions again.

Was family screening done on discharge of the patient?

Discussion:

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

Diagnostic criteria for PJS need to be mentioned here. Different types of intussusceptions due to PJS polyps reported in literature need to be discussed. Other rare presentations of PJS like malignant changes etc need to be discussed. 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. This will add to the educational value of this manuscript.

English and grammar:
The manuscript needs to be rewritten in certain sections with regards to poor grammar and spelling mistakes.

Eg: refer to

Introduction paragraph 2 sentence 2: recurrent

Introduction paragraph 3 sentence 2: duedonal

case presentation sentence 3: diagnosise

Case presentation paragraph 2 sentence 1: radyograph; sentence 6: bilayer

Case presentation paragraph 3 sentence 4: instead of tried, use attempted

Case presentation paragraph 5: adenomatous changing.

Discussion paragraph 2 sentence 1: diagnosise

Conclusion sentence 4: anamnesis???

References:

Please follow the Vancouver format for references.

Ref 2: the last name needs to be mentioned. The first and the middle names are only initials. Hence the correct way of writing this reference would be:


Figures:

Please add labels to the findings on the pictures.

Please add the histopathology slide picture of this polyp showing its hamartomatous nature.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests.