Author's response to reviews

Title: An unusual synchronous Ileosigmoid and Ileoileal Knotting: a case report

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Version: 2 Date: 30 March 2014

Author's response to reviews: see over
Author’s response to reviews

Title: An unusual synchronous ileosigmoid and ileoileal Knotting: a case report

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Version: 1 Date: 30 March 2014

Author’s response to reviews: see over
Reviewer’s report

Title: An unusual synchronous ileosigmoid and ileoileal Knotting: a case report

Version: 1 Date: 4 January 2014

Reviewer: Athanasios Marinis

Reviewer’s report:

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?: 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?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

A very interesting and rare case report. The manuscript is well written. Authors should provide an intraoperative photo in order to show their case. Description of this intraoperatively diagnosed condition is not enough and a photo is considered necessary.

Intraoperative photo has not been obtained; otherwise there would be picture in the manuscript.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests
Reviewer's report

Title: An unusual synchronous ileosigmoid and ileoileal Knotting: a case report

Version: 1 Date: 19 February 2014

Reviewer: Haitao Zhao

Reviewer’s report:

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

If other, please specify: General surgery

Has the case been reported coherently?: No

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?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

Dear authors

The case you report in the article may help surgeons differentiate diseases causing emergency abdominal pain.

But the manuscript need language polish before the article accepted for publishing in the journal.

The discussion section was written so simply. The section needs rewritten.

Best regards.

We have already tried to do what you have advised us.
Quality of written English: Needs some language corrections before being Published

Declaration of competing interests: None of above
Reviewer’s report

Title: An unusual synchronous ileosigmoid and ileoileal Knotting: a case report

Version: 1 Date: 27 February 2014

Reviewer: Elzbieta Gawrych

Reviewer’s report:

The presented case of an unusual synchronous ileosigmoid and ileoileal knotting is interesting because of its very rare frequency, however it requires minor improvements.

We have already tried to improve it according to your advice.

Main comments to the authors:

In my opinion some sentences need revision and clarification.

The patient was examined clinically and endoscopically by gastroenterologist due to severe abdominal pain that lasted 2 to 4 hours. In patient’s account it was his first examination in hospital.

My questions are:

1) was abdominal ultrasound made at that time?

   Abdominal ultrasound was not done in the patient’s first visit to the hospital but in the second his visit to the hospital when the abdominal pain had been deteriorated and the patient’s appearance was referring to a severely ill.

2) was the patient examined also by the surgeon?

   In the first hospital visit, the patient complained for proctalgia and rectal bleeding. However, he also reported an abdominal discomfort of mild pain which had started a few hours ago. His physical examination by a gastroenterologist was without pathological findings.

   In the second hospital visit, the patient complained for severe abdominal pain. The duration from the onset of pain was about 6 hours. Patient was examined by a surgeon who diagnosed an acute abdomen. Then, a plain abdominal radiography and other abdominal x-rays after intake gastrografin were carried out but also an abdominal ultrasound he made during at this time.

3) how much time passed between reporting abdominal pain fot the first time and surgical intervention?

   The time passed from the beginning of abdominal pain (The pain started a few hours before the patient’s first visit to the hospital as an abdominal discomfort of mild pain which worsened progressively) until the patient placement on the operating table was approximately 8 hours.

Conclusions:
Strong abdominal pain may suggest bowel obstruction so early radiological investigation and prompt decision about surgical intervention can prevent bowel necrosis as well as need for resection. In my opinion, it is strongly recommended for patient with abdominal pain to be examined not only by gastroenterologist but also by surgeon.

Declaration of competing interests:

I declare that I have no competing interests
MINOR COMMENTS:

1. Please change the description of the patient’s gender to “male”.

   The correction was made on the page 2, Abstract (Case presentation) and on the page 5, Case presentation. Patient’s gender was “male”.

2. Please include an acknowledgement section at the end of the manuscript before the reference list.

   It was done.

3. Please remove the Figure legends in the figure files. They should be included after the References list.

   It was done.

4. Please ensure that each figure should be closely cropped to minimize the amount of white space surrounding the illustration.

   It was done.

5. In addition, we have attempted some changes of sentences in the manuscript including:

   1. Abstract. Page 2. 4th line. Introduction. “The treatment is surgical and should be performed as soon as possible to decrease the incidence of perioperative mortality and morbidity.”

   Page 2. 8th line. Case presentation. “….necrosis in parts of small and large intestine due to combined ileosigmoid and ileo-ileo knotting. An ileal loop of ileum concurrently wrapped ….”

   Page 2. 13th line. Case presentation. “Both the gangrenous small bowel loops and the affected sigmoid colon area resected. The continuation of the intestinal tract…..”

   Page 2. 16th line. Case presentation. “…have been described in the literature as far as we know.”
Page 2. 22nd line. Conclusion. “Simultaneous ileosigmoid and ileoileal knotting is a very rare entity that should be diagnosed and treated surgically on emergency basis to minimize the high postoperative morbidity and mortality.”

2. Introduction. Page 4. 1st line. “Intestinal knotting is the obstruction of an intestinal segment with closed loop phenomenon secondary to knotting of the mesentery.”

Page 4. 3rd line. “They…”

Page 4. 4th line. “…that are affected in…”

3. Case presentation. Page 5. 2nd line. “…about 6…”

Page 5. 4th line. “…had visited the hospital…proctalgia and rectal bleeding but also for an abdominal discomfort of mild pain which had started 2-4 hours ago and he had been examined by the on-duty physicians…an accurate…”

Page 5. 15th line. “Arterial blood gas values were within the normal ones.”

Page 5. 18th line. “Abdominal ultrasound revealed the existence of free fluid around…”

Page 5. 20th line. “..acute abdomen possibly due to..”

Page 5. 23rd line. “…an extended area of the small bowel and in sigmoid colon.”

Page 6. 8th line. “Both small and large intestine continuity…”
4. Discussion. Page 7. 1st line. “The initial description of Intestinal knotting is found on the 16th century by Riverius, while a more detailed description of this rare entity achieved in 1836 by Rokitanski. “

Page 7. 7th line. “Although these entities are rare many authors suggest that they are more common in young age patients, involve more often ileum loops and may be present in pregnant women without history of abdominal operation.”

Page 7. 17th line. “…may announce the alterations in the colon normal function…”

Page 8. 3rd line. “may be”

All changes in the text of the manuscript are with red colour.