Author's response to reviews

Title: Jejunal torsion around right ureter mimicking postoperative bowel obstruction: a case report

Authors:

huseyin yuce bircan (hybircan@yahoo.com)
bora koc (drborakoc@hotmail.com)
umit ozcelik (dr_umit_ozcelik@yahoo.com)
alp demirag (alpdemirag@yahoo.com)

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Author's response to reviews: see over
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**Title:** Jejunal torsion to right ureter presenting with postoperative adhesion ileus: a case report

**Authors:**
Huseyin Yuce Bircan, Bora Koc, Umit Ozcelik, Alp Demirag

**Version:** 2  **Date:** 01-04-2014

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**Response to Reviewer 1:**
**Reviewer:** Brian Shuch

**Title:**
1- “Torsion to Right ureter”

may be better way of saying this in proper english. "caused by" or "around"? I am not familar with the lingo about specifying what is causing the torsion, but saying "to" doesn’t sound correct

**Tittle changed to “torsion around right ureter”**

2- Adhesion ileus? referring to bowel obstruction?

**It was changed to bowel obstruction.**

**Section Abstract:**

1- Same issues as above with “to” and adhesion ileus

**It was changed as recommendations.**

Abstract Case presentation:

2- Any information about the abdominal hysterectomy, complications? Pelvic node dissection performed with extensive ureteral mobilization? Positive nodes?

**The abdominal hysterectomy was not performed by our institution and we could not reach the pathologic and operative findings. In our exploration we saw that pelvic and abdominal area was clear with lymph nodes.**

3- Same language issue “turned around to right- should fix

**It was changed in whole manuscript**
Section Introduction:

1- “dissected and preserved” do you mean the ureters should be "identified" and preserved?

It was changed in the manuscript.

2- “dissecting” the ureters isn’t the best way to preserve them…..since the actual definition is “methodically cut up (a body, part, or plant) in order to study its internal parts.”

We agree with the review. It was really wrong to use dissecting, we changed it to “identify” in whole manuscript.

Section Case Report:

1- must fix language here- “Moreover, the CT scan showed and a group of small bowel loops with thickened wall and poorly enhanced (Figure 1.)

We fixed the language- we delayed “and”

2- I suggest “group of poorly enhancing, thickened bowel”

It was changed as review comments.

3- Figure 1 should be the contrast enhanced images showing what you describe. This looks like a non-contrast image only

It was wrong spelling and it was changed to “non-contrast”. Due to the renal failure, we did not prefer to use contrast liquid.

Postoperative Period

1-What is a “control” CT?

We were suspicious for ureter perforation. When the body temperature rose to 38.9, we performed “control abdominal CT” to testify the leakage (urine).

2- The fluid was aspirating in “THE” interventional radiology

We add “THE” to sentence.
Section Discussion:

1- This complication has been described in the urologic literature with cystectomy and pelvic lymph node dissection. That is why urologic literature says to consider retroperitonealizing the ureters or the but end of the ileal-ureteroanastomosis. Would mention this in the discussion. May be new the gynecologists- but should discuss. Many surgical references/text books can be cited including Campbell’s urology.

We agree with the reviewer but as we mentioned in the manuscript there has not found any case presentations for abdominal hysterectomy in the literature.

2- You mentioned “As a result of pelvic lymphadenectomy in radical hysterectomy, ureters uncovered with fatty tissue and allow to bowel torsion around itself.” This really is not a result of the pelvic lymphadenectomy, it's probably a result of the extensive ureteral mobilization without retroperitonealizing the ureters.

It was absolutely true. We spell wrong and we already changed it, in the manuscript.

3- Would discuss this reference: Roth, B., Birkhäuser, F. D., Zehnder, P., Burkhard, F. C., Thalmann, G. N., & Studer, U. E. (2011). Readaptation of the peritoneum following extended pelvic lymphadenectomy and cystectomy has a significant beneficial impact on early postoperative recovery and complications: results of a prospective randomized trial. Eur Urol, 59(2), 204–210. In this randomized trial there are 2 uretero-ileal intestinal obstructions from not retroperitonealizing the ureter vs 0 in the group with it performed.

We add and discuss this literature in the manuscript with yellow paint.

4- Would definitely say “to consider” closing the peritoneum in cases with extensive ureter mobilization to prevent such a complication

We add this comment to conclusion part.
Response to Reviewer 2:
Reviewer: Gokhan Adas

1. Title

1- Title will be change to “jejunal torsion to right ureter mimicking postoperative adhesion ileus”. It will be more definitive.

The title change to “Jejunal torsion around right ureter mimicking postoperative bowel obstruction”

2. Abstract and keywords

1- The “introduction” paragraph should be modified; the first sentence of the paragraph is the same as the second paragraph of introduction in the main manuscript.

It was done. Printed with yellow paint.

2- “Surgeons should be review the surgical technique….” Review should be changed with reconsider.

It was done. Printed with yellow paint.

3. Introduction

1- There are many grammatical errors in three paragraphs.

The manuscript reviewed by a native English speaker

2- The intra-operative complications should be added to the second paragraph with only one sentence.

It was added to paragraph according to comments.

4. Case Presentation

1- There are many grammatical errors.

Reviewed by a native speaker.

2- The author should mention the period admission to operation time.

It was done.

5. Discussion

1- The discussion part was written well, but there were many grammatical errors. It should be review by a native author.

Whole manuscript was reviewed.
Response to Reviewer 2:
Reviewer: Ozgur Kemik

Section Abstract:
1-The title should be more definitive.

   The title change to “Jejunal torsion around right ureter mimicking postoperative bowel obstruction”

2- Oncologic surgeons should be review the surgical technique…what does the authors mean by this?

   “Review” was changed to “scrutinized”. This is a recommendation to oncologic surgeons to close and preserve the peritonea.

Section Introduction:

1- “The most common histological type of malignant cervical neoplasms is squamous cell carcinoma. Adenocarcinomas account only for approximately 15% of malignant cervical tumors….” it should be mentioned the percentage of squamous cell carcinoma.

   It was done and added to manuscript with yellow paint.

2- The operative complications should be mentioned in the paragraph.

   It was added to paragraph.

3- There are many grammatical errors; they should be reviewed by a native speaker.

   It was reviewed by a native speaker.

Section Case Presentation:

1-It will be good if the table is performed for the laboratory results.

   We referred the results in the text. Additional table will be added but at that time we mention to results in the different parts in the same manuscript.

2-There is an abbreviation for emergency room but it should be delete.

   It was done. Painted with red.

3- Author should define the aggressive fluid-electrolyte resuscitation.

   It was done and added with yellow paint.
4- It would be nice to have a figure of the specimen.

We think that the specimen figure is not specific to this case. If the reviewer insistent to see this picture we will add.

Section Discussion:

1- There are many grammatical error it should be revised by a native speaker.

It was done.

2- The authors should discuss the diagnose options for intestinal obstructions.

It was briefly mentioned.