Reviewer's report

Title: Adenoma of Vater Ampulla. A case report study

Version: 3 Date: 27 January 2014

Reviewer: Seiki Miura

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?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

This case report is interesting because the authors tried minimum invasive surgery to avoid the postoperative complications. But recently endoscopic ampullectomy has been tried in some progressive institution. Authors had better state what is new in this procedure more.

Major point

1. Why did authors perform gastrointestinal anastomosis after transduodenal local excision of Vater ampulla? If possible show the schema of the procedure.

2. Why did authors use Kehr tube to decrease the pressure of the bile duct? ERBD tube could be used directly through vater ampulla?

3. Authors state that MRI couldn’t be done because of the pacemaker attachment to the patient. But why was MRCP performed?
4. Should lymph node dissection be performed, because CT showed lymphadnopathy.


Major point
1. Page 2 line 7 duodenopancreatctomy surgery # duodenopancreatctomy
2. Page 2 line 13 icterus # icterus,
3. Page 2 line 20 sphinteroplasty # sphincteroplasty
4. Page 3 line 1 cause of mechanicalobstruction # I cannot understand what authors mean
5. Page 3 line 8 The adenoma discovered # The adenoma was discovered
6. Page 3 line 10 without vomiting and vomiting
7. Page 3 line 17 please show the normal range of creatinin kinase
8. Page3 line 16 CRP elevated, was there any inflammation (bile duct or pancreas)? Please show WBC count. And
9. Page3 line 18 If possible, please show the value of CEA.
10. Page3 line 23 it coule be done MRI analyses # MRI analyses could not be done
11. Page 3 line 23 adenoma determined #adenoma was determined
12. Figure 2 which is adenoma and which is lymphadenopathy? Please show using allow and allowhead. And please show what phase of this CT?
13. Page 3 line29 Also observed calcified construct dimension 1cm # Also calcified construct was observed of which diameter is 1cm.
14. Page 3 line32 Significant dilatation biliary tree #significant dilatation of the biliary tree
15. Figure 3 It is difficult to detect the pancreatic duct in figure3, please indicate it with allow, and what was the diameter of the pancreatic duct before surgery?
16. Figure legend, Figure4 amuula#ampulla

Quality of written English: Not suitable for publication unless extensively edited