Reviewer’s report

Title: 'Seatbelt sign in a case of blunt abdominal trauma. What lies beneath it?'

Version: 0 Date: 17 Sep 2015

Reviewer: Salomone Di Saverio

Reviewer's report:

The case is overall interesting and the images, especially the CT scan with the blush, quite nice.

However I would like the authors to discuss further therapeutic options and pros and cons.

Have you considered the option of NOM with angioembolization? As far as I can understand there were were serosal tears and damage but no obvious perforation in the colon.

Alternatively have you considered the option of surgical exploration with a diagnostic laparoscopy? Laparoscopy is a viable alternative to laparotomy both for diagnosis and surgical repair or laparoscopic right colectomy, in hemodynamically stable trauma patients as well as in Acute Care Surgery (non Trauma).

I suggest the following reference to be added in the discussion:

Emergency laparoscopy: a new emerging discipline for treating abdominal emergencies attempting to minimize costs and invasiveness and maximize outcomes and patients' comfort.

Di Saverio S.


Please also discuss the risks and benefits of an alternative strategy to the straightfoward open laparotomy and right colectomy (which was your approach and can be defined as correct and safe and is not questioned) to a less invasive possibility of treating the pseudoaneurysm of the branch of the right colic artery with angioembolization and in the next hours, with the patients being hemodynamically stable and the mesenteric hematoma controlled, explore the abdomen with a diagnostic minimally invasive laparoscopic and see how the bowel looks. If the right colon was ischemic after AE or severelay damaged with a full thickness tear / perf a laparoscopic right colectomy could have performed by experienced operators, if the colon was still viable and only serosal non-full thickness tears could be seen, therefore a primary laparoscopic repair and suture of those serosal defects could have been performed, without need of resecting the right colon.
The English language needs to be revised by an English mother tongue or a professional language editing service. E.g. "on a long board" do you mean on a Spine Board?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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