Reviewer’s report

Title: Surgical treatment strategies for giant inguinoscrotal hernia - a case report with review of the literature

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Reviewer: Stefan Breitenstein

Reviewer's report:

Staubitz et al. report on an interesting case of a giant inguinoscrotal hernia by summarizing results from some available literature on the topic and by analyzing pros and cons of different surgical approaches. The patient was treated using a combined open transabdominal/midline and inguinal approach, which was presumed novel by the authors.

In reading the case report, I noticed a few methodological shortcomings, which should be addressed by the authors:

Major Criticisms:

1. The surgical procedure should be described in more detail. Please specify if the preperitoneal ProGrip Mesh was placed through the midline approach or through the inguinal approach (TIPP). Was the lateral release really performed after the preperitoneal mesh was placed? I assume there was some overlapping of the preperitoneal and retromuscular mesh. Please clarify by mentioning the overlap in cm.

2. Please state whether cases using the same surgical technique have been previously described. If so, the novelty of this treatment strategy should be stated. An indirect statement to this effect was made in Figure 3, but was not mentioned in the text.

3. The authors aimed to give an "overall picture of the surgical treatment strategies". However, the case selection is limited and the inclusion criteria for cases are not clear. Please define your search strategy in detail.

4. In the discussion (p. 7, line 35), authors stated that cases, which had at least a 6-month follow-up, were evaluated and summarized. However, this statement does not coincide with the information from Table 1 (range from 1 to 96 months). Other cases should also be mentioned, even if there was not a 6-month follow-up. For example, an interesting and large case series with 25 patients was published by Savoie et al. (Hernie 2014). This case series touched on an interesting discussion highlighting problems in Africa such as limited resources. By including other case series (and techniques) readers could find it helpful in
understanding the pros and cons of the various surgical techniques. Additionally, since it is not clear which cases were included in the discussion and figures/tables, the title of Table 1 must be adapted.

Minor Criticisms:

5. It would be interesting to know more about the patient's profession in order to understand the limitations he faced daily and at what point he resumed work after surgery.

6. It is not known whether a recurrent hernia was not only clinically but also radiologically excluded. This should also be specified for the summarized case reports.

7. It is misleading to state laparoscopic approach for this case (Table 1), since the laparoscope was only used for diagnostics. The surgical procedure was performed using an open abdominal approach.

8. The literature review should have at least a PubMed standard.

9. The text should be reviewed by a native English speaker.

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

No

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

No

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

Unable to assess

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