Author’s response to reviews

Title: Retrospective study on the Pattern and outcome of management of sigmoid volvulus at a district hospital in Ethiopia

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Version: 1 Date: 25 May 2019

Author’s response to reviews:

Roberto CIROCCHI (Reviewer 1): The manuscript is very interesting and well written.

In the introduction you do not report the references from 16 to 21.

- It is true that I have not used references from 16-21 on the introduction part. The reason is only because of reference arrangement. I arranged the references used in the introduction from 1-12.

I suggest (if is possible) to add the data about the anatomical colonic variations associated (colon and/or mesocolon: length, attach on retroperitoneum, etc).

- I agree that the anatomic colonic variations could influence the occurrence and all this patient had redundant sigmoid with long sigmoid mesentery and narrow base from subjective recall. But this data collection did not include these variables. Thus we don’t have the information.

I suggest to include (in the discussion): a comparation with patients with the volvolus in Western regions (reference 17). In these cases the age is higher and the radiological decision making is different. The same problem in two different populations....

- Comment is accepted and additional discussion has been made.

Sabri Selçuk Atamanalp (Reviewer 2):

Introduction: This section is too long. There are very much unnecessary knowledge.

Comment is accepted

Results: This section is too long. There are unnecessary repetitions. Most of the knowledge are present both in the text and in the garphs or tables.
Conclusion: This section is not correlated with the materials and results.

- Comment is accepted and correction is done.

The present paper consists of a retrospective analysis. The authors compare primary anastomosis with stoma and as a result, they suggest avoiding the primary anastomosis in patients with bowel gangrene. As seen, the data of the compared two groups (primary anastomosis and stoma) are not well discussed. An example, the general conditions, which are best evaluated by ASA (American society of Anesthesiologist) score, are not known. To compare these two groups, which have not a statistically compared preoperative data, may not give correct results.

- We agree with reviewers assessment that more detail data including ASA score would help to evaluate the general condition of patients and better compare the different groups. As this is a retrospective study, we analyzed the outcome of all patients who were managed for sigmoid volvulus based on the viability of the bowel which was an intra-operative decision. We then tried to compare the outcome of the different management options (operative/non operative; Primary resection/Hartmans/Derotation). This study does not intend to conclude based on the comparison but rather would like to highlight the importance of further prospective study. We have revised the discussion part of our research according to the comment.

Niels Qvist (Reviewer 3): The results of health care for specific diseases in developing countries with limited access to healthcare resources is always interesting form which all others may learn.

The present study is a retrospective review on the treatment of sigmoid volvulus. High number of patients underwent acute surgery, which is not quite obvious. It is not possible to read the exact indication. Was it due failed tube decompression? Was endoscopy (stiff rectoscope or flexible sigmoidoscopy) no a possibility? What was the reasons/indications for primary surgical approach?

- It is true that high number of patients underwent operative management. The reason is because rectal tube was tried but failed in those patients who had presumed viable sigmoid volvulus clinically. The unavailability of rectoscope or sigmoidoscope has been added to the discussion part.

The manuscript is too long - especially the introduction with includes several unnecessary. There are several repetitions and generalities that might be omitted. There are too many tables.

- Comment is accepted

The division between females and males does not always make sense.
- It is true that the pathophysiology doesn’t seem to be sex dependent but the occurrence volvulus is in a redundant sigmoid is explained to be more in male patients according to ____

The tables are not referred to in the text.

- Comment is accepted and revised

In conclusion we need to know why patients underwent acute surgery and whether they had an attempted desufflation. The manuscript could be shortened extensively.

- Comment accepted