Author's response to reviews

Title: Single - incision assisted laparoscopic surgery (SILS) in the treatment of an intussusception induced by a solitary hamartomatous polyp: a case report and a literature review.

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Version: 2
Date: 21 March 2015

Author's response to reviews:

Dear Editor-in-chief,

we herein send this letter in response to reviewers' comments about our manuscript entitled ‘Single-incision laparoscopic surgery (SILS) in the treatment of an intussusception induced by a solitary hamartomatous polyp: a case report and a literature review’.

Despite your proposal for resubmission and our effort to modify the resubmitted manuscript, one of the reviewers focus his attention on Peutz-Jeghers syndrome again. We have to admit that the main subject of our manuscript is the use of SILS for the treatment of bowel intussusception caused by a solitary polyp. The significance of this report is the result of the surgical treatment with SILS.

According to reviewers' comments, we have already made some changes (yellow-green highlighted) to the resubmitted manuscript. Moreover, we respond to the reviewers' comments below adding first each comment separately (into brackets and italics) in order to give a point-by-point answer to all their concerns. Please take the time to read on as we respond to all the concerns.

In conclusion, SILS is one of the minimally invasive surgical techniques which is gaining more field every single day. We think that this manuscript can offer to surgical literature as it describes a new technical approach to an acute surgical case and as it supports SILS for being a possible surgical option for one more surgical condition. Moreover, according to current literature review, there are little other similar cases about using SILS for the treatment of intussusception induced by solitary polyp.
Yours sincerely,
Pitiakoudis Michael

Reviewer 1

1. [Which of the following best describes what type of case report this is? None. Has the case been reported coherently? No.]

About the manuscript's type, it clearly consists a case report referring to a new surgical approach for the management of a bowel disease by using a new developed technique. About manuscript’s coherence, we describe all the steps followed during patient's management with order without omitting any one of them and, continually, all the report’s structure is based on discussing the main issues that emerge from this case according to current literature.

2. [Is this case report persuasive? Yes. 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? No.]

As it is already recognized by the reviewer, this case report is persuasive and explanatory about its special field which is surgical approach to a bowel intussusception. The aim of this report, as it is described clearly, is to make a difference to daily surgical practice as minimal invasive techniques are the current surgeons’ interest. Our target is to support SILS to similar surgical cases. Despite reviewer’s opinion about not making difference to daily practice, the current literature contains a very little amount of similar case reports and none clinical series. So, this report maybe consists a part of current information about the use of SILS in everyday surgical routine.

3. [Even though the level of the manuscript's English is adequate, it may need some revising prior to publication; to name a few revisions: obstructive ileum should be obstruct. Ileus in many parts, pedunculated instead of peduncled, insignificant instead of no significant etc.]

We made some English language changes to this revised manuscript according to reviewer’s comment. However, we have to mention that ‘ileum’ instead of ‘ileus’ can be equally used as anatomical term or accompanied with the adjective obstructive when we refer to the bowel disease. Despite this comment, we revised the manuscript’s English.

4. [Since you wish to go through with your case publication, I believe it would to the best of your interests to decide the focus of your manuscript. Please take the time to read on as I will elaborate further on this.]

The main object of this manuscript is clearly the minimally invasive surgical approach of an intussusception induced by a solitary polyp. The fact that the pathology report recognized a PJ-type polyp is complementary issue. As we had already admit to Editor, the surgical approach is our aim and it is worthy as SILS proves its efficiency and safety to intussusception management.
5. [When reporting a case of PJS, a more detailed presentation of the clinical status would be desirable. For example, you missed to report the two forms PJS can have (a. familial, with STK11(LKB1) tumor suppressor gene mutation, or b. sporadic, without the afore mentioned gene mutation), the associated cancer risk (in the polyps themselves and more importantly in other organs such as pancreas, lung, breast), bleeding can also be from upper gastrointestinal track (not only rectal as you mention) and incidence is better reported as a range (reported PJS is 1 in 25.000 to 250.000/300.000; varied in published reports).]

As the manuscript’s target is not the Peutz-Jeghers syndrome but SILS for the intussusception treatment, we don’t focus on syndrome’s detailed description. As this is a resubmission of the manuscript, we had already changed the structure in order to give less details about PJS and more about SILS emphasizing to our main issue and purpose. Moreover, we mention a case of a Peutz-Jeghers-type polyp confirmed only from pathology report and not a case of a patient with Peutz-Jeghers syndrome.

6. [While going through your manuscript, I was not able to locate any data to support that your patient had/has indeed PJS. Based on what you report, she does not seem to fulfil any of the criteria. Moreover, the polyps of PJS have characteristic histologic appearance (frond-like elongated epithelial component, cystic gland dilatation extending into the submucosa or muscularis propria. And barbarising smooth muscle extending into polyp fronds). This is contrast to solitary juvenile polyps, which can be solitary, have a lamina propria lacking smooth muscle and which may be the case in your patient. I would advise you to go through the latest published PJS guidelines (if I am not wrong they are by the same group who published guidelines for FAP and Lynch syndromes).]

Our case, indeed, refers to a solitary Peutz-Jeghers-type polyp and not to a patient with Peutz-Jeghers syndrome. In this way, the histopathological findings are identical to those described by the referee. This misunderstanding is now resolved in the manuscript (green highlighted parts).

7. [Although it may be something that is ordinarily done in Greece, having an approval and consultation from an adult (you mention your patient to be 19 years old) and his family, is something that would be best omitted in the final version of your manuscript.]

We believe that taking consultation for every surgical management and by every patient is our obligation as we should respect the patient's ability to make decisions for their health. Moreover, in this case report, we proceeded to a new surgical technique with possible drawbacks. So, according to ethics, we prefer not to omit this detail from our manuscript.

8. [In the beginning of the manuscript you report that the enterectomy was done by SILS but reading further on it becomes clear that it was SILS assisted (intestine exteriorisation, resection and anastomosis was done extra corporeally). So I believe it would be best to revise this part.]
We decided to change the manuscript's title in order not to exist any misunderstanding as it is clearly described in the text an assisted-SILS technique.

9. [In the era of published systematic reviews on SILS hepatectomies/gastrectomies/bariatric surgeries etc, I believe that most surgeons who wish to further dwelve in this area would not depend on a report of SILS assisted enterectomy to further push on. So I would suggest to focus on your target group of readers in a more suitable way (ex. Change manuscript title).]

Our target isn’t to push on surgeons to use SILS for more specialized cases. Our aim is to present an additional application of SILS in similar acute surgical cases (intussusception caused by solitary polyp). It is a matter that concerns every general surgeon in order to consider SILS as a possible safe and efficient technique of many conditions. Moreover, every general surgeon can face this pathological condition. Our title isn’t referred to PJS in order not to be too specific. Finally, we decided to change the manuscript's title but this doesn’t mean that this case report is not a SILS application.

Reviewer 2

1. [Was the patient's position "Lloyd Davis"? If yes please replace.]
   
   As patient’s position was, indeed, Lloyd Davis, we added it in the manuscript.

2. [Why you did not proceed with a simple enterotomy and laparoscopically remove of the polyp?]

   Ultrasound and computerized tomography and enteroclysis examinations revealed a solitary polyp which caused the bowel intussusception. It wasn't a simple bowel polyp but it complicated with intussusception. So, the surgical management for every intussusception is an effort to reduce the intussusception in order to check if there is bowel ischemia and if it is functional and structure healthy. If it is not possible to reduce the intussusception or if it isn’t sustainable, we should proceed with enterectomy.

3. [Do you think it was possible with SILS to laparoscopically complete the whole operation instead to exteriorise the bowel?]

   The option to complete the whole surgical procedure with SILS would probably be successful but in this case we would have to face many difficulties. Firstly, we would discomfort the patient with extra laparoscopic manipulations and increased operation duration. Then, the Endogia (12mm of diameter) placement would be extremely difficult because of space lack. Alternatively, we would probably place one more trocar but this would restrict the whole SILS procedure. So, we decided to use a single-incision assisted laparoscopic surgery, which is an additional technique recognized by the current literature without being equal with the conversion.