**Reviewer's report**

**Title:** "There was a young man, who swallowed a coin..." Pancreatic and biliary obstruction years after a swallowed foreign body retained in a duodenal diverticulum: A case report

**Version:** 4  **Date:** 2 February 2015

**Reviewer:** Alexander Dechêne

Which of the following following best describes what type of case report this is?: *An unexpected association between diseases or symptoms*

**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?** Yes

**Does the case report have explanatory value?** Yes

**Does the case report have diagnostic value?** Yes

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

**Is the anonymity of the patient protected?** Yes

**Comments to authors:**

The manuscript written by Ismail et al. describes a case of an adult patient with a coin trapped in a duodenal diverticulum causing symptoms of pancreatitis. The unusual case is presented clearly and adequate references are given to comparable cases in the literature.

Before publication, however, a few issues should be addressed:

**Major**
- The authors report a "duodenal diverticulum causing a tight stenosis of duodenum" (page 3, Case Presentation). Wouldn’t be the stenosis as a cause for a secondary developing diverticulum be more probable than the other way...
round? The authors do differentiate between intraluminal and extraluminal diverticulum, but the endoscopic image does not show the typical „thumb of a glove“ appearance. Perhaps an additional picture of this anatomical variant would be helpful.

- The title of the case report includes reference to biliary and pancreatic obstruction. A representative CT picture showing dilated ductal systems would be illustrative.

- „Also be aware of the associated conditions with congenital duodenal anomalies in adults including renal, hepatobiliary and cardiac defects many of which were present in our case“ (page 2, Conclusion and pg 4, Conclusion) — this paragraph is not a conclusion, but can be well integrated into the Discussion section.

- The lab results (page 3, Case Presentation) are – in conjunction with the reported symptoms- suggestive of pancreatitis. The typical laboratory features of cholangitis (most notably bilirubin elevation) are not reported. Likewise, the authors do report on stent insertion on ERC, but not on the reason to do so. Please give more details on the findings of ERC and eventual surgical intervention regarding the bile ducts.

- The authors do write about an „impactation of duodenal diverticula“ (pg 4, Conclusion). The endoscopic image shows a small coin in a large diverticulum. How was impactation diagnosed?

Minor
- The singular form of diverticulum is not diverticulae, neither the plural form (pg3, Case Presentation)
- Computerised tomography should not be capitalized (pg3, Case Presentation)
- „a more sinister pathology“ was suspected initially (pg 4, Discussion). What is meant by that expression?
- The method of referencing in the text is not consistent (numbers in brackets).

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests