Author’s response to reviews

Title: STOP SAYING NEVER IN PEDIATRICS There May be a Twist that May Be Missed (Sigmoid Volvulus in Children- A Case Report)

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Author’s response to reviews:

Reviewer 1 (D Arbell)

1. Do you believe the case report is authentic? Y (Thank you)

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript. Comments: None

3. Does the Introduction explain the relevance of the case to the medical literature? Y (Thank you)
4. Does the article report the following information? Where information is missing, please specify. a. The relevant patient information, including: - De-identified demographic information (age, gender, ethnicity) - Main symptoms of the patient - Medical, family and psychosocial history - Relevant past interventions and their outcomes b. The relevant physical examination findings c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month. d. Diagnostic assessments, including: - Diagnostic methods - Challenges (e.g., financial, language/cultural) - Reasoning and prognostic characteristics (e.g., staging), where applicable e. Types and mechanism of intervention f. A summary of the clinical course of all follow-up visits Comments: Y (Thank you)

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? Comments: Needs to be improved (Edited the Discussion and conclusion)

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below. Y (Thank you)

7. Is the Abstract representative of the case presented? Comments: Problematic. The abstract has discrepancies with the text: in the abstract, resolution of the volvulus via rectal tube and endoscopy due to recurrence, in the text - endoscopy because of symptoms, partial resolution via rectal tube. (This patient presented twice to our institution, the first admission the rectal tube succeeded in the reduction but recurred next day and endoscopy reduced the volvulus, the second admission none of these measures worked. Please review it again as the text elaborates on the first presentation with the emergency visit and endoscopy but the second visit was unsuccessful) Hope this is clear. (Thank you)

8. Does the case represent a useful contribution to the medical literature? Comments: Somewhat An adolescent sigmoid volvulus is exactly the same as adult cases. This is clear from the figures. Neonatal, pediatric and adult cases are different, causally and in presentation. There was no attempt by the treating physician to find the reason for this condition, and this is the main fault of the manuscript The only merit of the manuscript is enhancing awareness of primary care physicians for this condition. Since several series of
this condition in children and neonates have been published, these should be addressed in the text and references, and the added value of this paper should be noted by the authors. (Adolescents are totally different than Adults in Pathology and Physiology and the reported Pediatric Volvulus cases are not many in the Literature, I agree that the papers published are becoming more evident, but total cases cumulative does not reach a 100. This is the first case in our country that presents with this pathology and was managed accordingly. A full thickness biopsy was taken that ruled out Hirschsprung’s disease and the pathology slide is included in the figures, hence the causes were looked into. The awareness was not for primary care physicians but to the Pediatric Surgeons as this pathology is not common it is not thought of and hence, the delay in management and this was the conclusion stated the fact that it is uncommon in the Pediatric age group, which is true and it is not expected) Hope this clears all the points mentioned. (Thank you).

9. Additional comments for the author(s)?

Reviewer 2 (F Parolini)

1. Do you believe the case report is authentic? Yes (Thank you)

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript. Comments: No ethical concerns (Thank you)

3. Does the Introduction explain the relevance of the case to the medical literature? Yes (Thank you)

4. Does the article report the following information? Where information is missing, please specify. a. The relevant patient information, including: - De-identified demographic information (age, gender, ethnicity) - Main symptoms of the patient - Medical, family and psychosocial history - Relevant past interventions and their outcomes b. The relevant physical examination findings c. Important dates and times in this case (if appropriate,
organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at $T = 0$, follow up at $T = 1$ month. d. Diagnostic assessments, including: - Diagnostic methods - Challenges (e.g., financial, language/cultural) - Reasoning and prognostic characteristics (e.g., staging), where applicable e. Types and mechanism of intervention f. A summary of the clinical course of all follow-up visits

Comments: Authors presented a 13-year-old female with recurrent sigmoid volvulus, initially managed conservatively and subsequent undergone surgery. Although rare, sigmoid volvulus in children represents a well-known identity and this case report do not add much into the knowledge of the disease. However, the iconography is impressive and could be interesting. (This is the first case that presented to our institute and was managed accordingly. Thank you)

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: The case description is brief and there is little review of specific considerations to diagnosing and treating sigmoid volvulus in children. I would suggest to expand on special considerations for children such as the type of child who gets sigmoid volvulus, risk of recurrence without resection, the benefits and risks to endoscopic detorsion. I would also suggest to add the references below in order to update the bibliography (three out of the 6 references are older than 13 years) Parolini F, Orizio P, Bulotta AL, Garcia Magne M, Boroni G, Cengia G, Torri F, Alberti D. Endoscopic management of sigmoid volvulus in children. World J Gastrointest Endosc. 2016 Jun 25;8(12):439-43. Atamanalp SS. Treatment of sigmoid volvulus: a single-center experience of 952 patients over 46.5 years. Tech Coloproctol. 2013 Oct;17(5):561-9

(All suggestions are considered and the articles are reviewed and added, Thank you)

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below. Yes (Thank you)

7. Is the Abstract representative of the case presented? Comments:
8. Does the case represent a useful contribution to the medical literature? Comments: Especially the iconography (Thank you)

9. Additional comments for the author(s)