

December 2013

Dear Editor,



**Title:** Coexistence of abdominal cocoon, intestinal perforation and incarcerated Meckel's diverticulum in an inguinal hernia: A troublesome condition

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**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 7513

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**Reviewer comment:** This paper demonstrates coexistence of abdominal cocoon, intestinal perforation and incarcerated Meckel's diverticulum in an inguinal hernia, and considered to be well written. 1. There is no unit of white blood cell count for 13.93 of P4, L27-P5, L1 in CASE REPORT. 2. Authors should show the pathological findings of the resected small intestine for this case.

**Response:** Thank you for your evaluation. According to your suggestions, we made correction on the text. We added a sentence about pathologic examination on the case report section

**Reviewer comment:** 1 This is an interesting and successful case. The following points are for its improvement. 2 In the legend of Figure1, "erect posteroanterior projection" should be added for the readers' comprehension. The authors stated that "CT is considered the best imaging modality for diagnostic purposes" but they had no opportunity. They need to explain why the patient was indicated to roentgenography and ultrasound but not CT for the patient's best merit. Is there no installation of the apparatus or is it inconvenient to do the procedure of CT examination in the authors' institute? 3 Before the start of exploratory laparotomy, a preliminary diagnosis should be established. Significant conditions should be mentioned including abdominal infection, perforation, intestinal obstruction. 4 Differential diagnosis and pitfalls for misdiagnosis should be mentioned in Discussion section. In acute abdomen of an elderly, the authors only gave malignancy as the first differential diagnosis. Other entities need differentiation include ulcerative perforation, septic peritonitis, sclerosing peritonitis, and tuberculous peritonitis encapsulans.

**Response:** Dear reviewer thank you for your recommendation. "posteroanterior" word added on the figure-1 Legend. This patient admitted our emergency department at 3 o'clock (midnight). Ultrasonography was taken in other center. In our center, computed tomography not used after five o'clock in the afternoon. We added a sentence about initial diagnosis on the case report section. We added a sentence about differential diagnosis on the discussion section according to your advice.

**Reviewer comment:** This is an interesting case report on two rare conditions occurring at the same time in one patient. There are a few omissions: 1. Histology findings from the resected segment needs to be included. I assume histological examination was performed. 2. There is not enough information given about additional tests to rule out secondary causes such as TB and sarcoidosis. There is a mention of normal "microbiological test results", but this is a little vague. 3. Although, the point of incarceration

(60cm from IC valve) is in the right region for a Meckel's diverticulum, the description of the operative findings does not mention a Meckel's diverticulum. A description, an image or histological confirmation would be useful. This is called a Littre's hernia and should be called so. 4. The loop ileostomy - I assume this is planned for reversal/closure. It would be nice to mention this. 5. There is no statement about consent from the patient for the case to be reported. There should be a statement to confirm consent. The statement "intra-operative laparoscopic management" must be written in error, as this procedure was obviously an open procedure (given the images) and not laparoscopic. If it was laparoscopic then converted to open, then this should be made clear. There is also a need for minor language polishing. For example "...we had no opportunity to make a CT examination." should read something like "we did not have the opportunity to carry out a CT scan."

**Response:** Thank you for your recommendation. We added a sentence about pathologic examination on the case report section. The patient's blood and peritoneal fluid cultures were negative. PA chest graphy and sedimentation were normal. PPD skin test was negative. We added a sentence about this issue on the discussion section. Thank you for your warning. We corrected a sentence that describe Meckel's diverticulum (Littre Hernia). We constructed loop ileostomy to protect a distal anastomosis. We usually closed loop ileostomy following postoperative three month if we not seen any problem. Patient give me a consent about this case presentation. If editor want, I can send him this consent document. " laparoscopic" word removed on the text. According to your advice " we had no opportunity to make a CT examination" converted to "we did not have the opportunity to carry out a CT scan."

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,

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