

Review of the manuscript 81414, entitled “Closed loop ileus caused by a defect in the broad ligament – A case report”

Reply to the comments of reviewer #1

We thank the reviewer for the nice comments and the interest in our case report. Please find our point-by-point reply in the following.

Reviewer comment #1

Dear Authors, interesting case report. Minor suggestions: Improve english language in discussion section

We thank the reviewer for the suggestion. The entire manuscript was proof-read and corrected by an English native-speaker.

Reviewer comment #2

Cite the latest SCARE guideline "The SCARE 2020 Guideline: Updating Consensus Surgical CAse REport (SCARE) Guidelines Riaz A Agha 1, Thomas Franchi 2, Catrin Sohrabi 3, Ginimol Mathew 4, Ahmed Kerwan 5, SCARE Group".

We read the SCARE 2020 guidelines, which provide a structure for reporting surgical case reports, increasing their transparency. Since our case report is well structured according to the guidelines of the “World Journal of Clinical Cases” and is conform to the SCARE 2020 guidelines, we cited them in the last line of the introduction as reference no. 6:

“The case was reported in accordance with the SCARE 2020 guidelines [6].”

Reply to the comments of reviewer #2

We thank the reviewer for the fair and constructive comments. Please find our point-by-point reply in the following.

Reviewer comment #1

Just “the broad ligament” is OK, do no need for “the broad ligament of the uterus”.

We agree that “the broad ligament” is sufficient as anatomical description. We removed “of the uterus” in every part of the manuscript in which the broad ligament was mentioned, including the title, which now reads as follows: “Closed loop ileus caused by a defect in the broad ligament – A case report”.

Reviewer comment #2

In "key words", "Visceral pain; Case report" are redundant.

We removed "Visceral pain" from the key words according to the reviewer's suggestion. However, including "case report" in the keywords is required according to the guidelines for authors and was therefore not removed.

The keywords are the following in the new manuscript:

"Broad ligament; Ileus; Internal Hernia; Laparoscopy; Case report"

Reviewer comment #3

In "Core tip", "Special attention should be paid to the pain severity and character, as well as to the laboratory results, especially the white blood cell count." This sentence has little to do with the main idea.

We agree with the reviewer on the fact that this sentence has little relevance in this regard and removed it.

The Core tip now reads as follows:

"In young patients with negative history of abdominal surgery presenting at the emergency department with nausea and vomiting, the initial differential diagnosis should include ileus. If an ileus is suspected, CT and laparoscopy are the diagnostic tools of choice. Internal hernias are rare, especially those through the broad ligament, but they should be considered to avoid complications such as bowel necrosis. Because of the rarity of the conditions, there are no studies or long-term data on the best treatment option, but most authors describe a direct defect closure."

Reviewer comment #4

Please don't cite the data and opinions from a certain case report, because we cannot form a summary from a single case report. Either you cite the papers, such as studies, reviews, case report and literature review, or you summarize some case report papers to form an opinion.

We paid attention not to cite any opinions from case reports. However, we cited some results of other case reports for instance the initially suspected diagnosis, the surgical access, or the type of defect closure to compare them with our case. Since internal hernias caused by a defect in the broad ligament are very rare, there are no reviews or studies with a larger number of patients, nor there is a consensus.

We mentioned this issue and compared our results with other case reports in the first two paragraphs of the discussion. The fact that long term observation of the cases reported in literature is important to collect more evidence, is highlighted in our conclusion:

“Due to the rarity of broad ligament internal hernias, there is no consensus on the best surgical treatment. Observation of long-term outcomes of the reported cases with regards to hernia recurrence is needed.”

Moreover, comparing all case reports found in literature, we summarized that in most cases, the defect was closed directly. We specified this in the last line of the Core tip:

“Because of the rarity of the conditions, there are no studies or long-term data on the best treatment option, but most authors describe a direct defect closure.”

In this regard, in the discussion, we cited the case report of Hashimoto Y et al. (Hashimoto Y, Kanda T, Chida T, Suda K. Recurrence hernia in the broad ligament of the uterus: a case report. Surg Case Rep 2020; 6: 288 [PMID: 33196861 DOI: 10.1186/s40792-020-01030-5]), in which recurrence was described 10 years after primary repair.