

January, 2014

Dear Editor,



Title: Gastrointestinal perforation due to incarcerated Meckel's diverticulum in right femoral canal

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

1 Format has been updated (According to your advice, case report converted topic highlight)

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

1-Reviewer comment: The case is interesting and well written. However, it seems not to be very uncommon. The black arrow can not be seen on image 2.

Response: Thank you for your evaluation. A black arrow added on the figure

2-Reviewer comment: No comments.

Response: Thank you for your evaluation.

3-Reviewer comment: This is a case report in which the author reported a case of incarcerated femoral hernia of Meckels diverticulum. The incarcerated diverticulum caused intestinal obstruction and perforation occurred in the diverticulum. After exploratory laparotomy, resection of the perforated bowel, the patient recovered uneventfully. As the author said, about 50 cases of femoral hernia caused by Meckels diverticulum have been reported, a sporadic report of one more case seems not provide much more new concept in this topic. It would be much more worthwhile if the author can collect all reported cases, analyze the presentation of clinical pictures, especially the important clinical presentations from which early diagnosis can be made.

Response: Thank you for your evaluation. Most of these case reports are quite old, which makes the full text versions unobtainable. Most of them do not even have an abstract. All these restrictions limit us to collect all the reported cases. In our study we aimed to emphasize the rarity of intestinal perforation co-existence with Littre hernia

4-Reviewer comment: This case report is regarding a quite uncommon finding, which is worth of publication in my opinion. However, some issues could be better developed. There is no description about the clinical examination of the R. femoral area: was there any lump or pain? Even if it is absent, the author should report it. Considering that the number of cases with Meckel's diverticulum is relatively low, it would be interesting a table comparing reported clinical presentations of the patients (i.e. obstruction, acute abdomen etc), treatment and outcome. Is there any influence on the delay of diagnosis (not easy) and outcome? Actually, I would focus the paper more on femoral Littre's hernia than on the other sites of hernia, considering also that femoral hernias may be easily overlooked at the first presentation. How was the percentage of a correct preoperative diagnosis? The figure representing

abdominal x-ray does not add anything to the paper, being not specific. In conclusion a wider discussion about the previous experiences of Meckel's diverticulum in femoral hernia and about diagnostic tools (i.e. US of hernia when clinically diagnosed) and difficulties would give more strength to the paper.

Response: I would like to thank for your comments on the case. Clinical and radiological findings of the case mostly resembled with internal herniation (most possible), tumor obstruction or ischaemia. I examined both inguinal regions several times but could not determine neither a palpable mass nor a finding of inguinal hernia. Most of these case reports are quite old, which makes the full text versions unobtainable. Most of them do not even have an abstract. All these restrictions limit us to collect all the reported cases. The most evident advantage of this patient was the slow progression of clinical features in seven days which eased the intestinal system adaptation. Yes, the x-ray images point out an intestinal obstruction. Anyway, x-ray findings had a limited role in decision making of the operation.

5-Reviewer comment: The authors described the case of gastrointestinal perforation due to incarcerated Meckel's diverticulum in right femoral canal. The authors also demonstrated the figure of air-fluid levels detected by abdominal radiography. If possible, to get further understanding, it would be better to present femoral hernia involving Meckel's diverticulum detected by computed tomography.

Response: Thank you for your evaluation. You are absolutely right. Contrast enhanced computed tomography (especially coronal and sagittal scans) detects this structure. As you would predict, such patients are usually admitted at emergency departments late at night, which limits the option of performing contrast enhanced computed tomography scans which also requires a normal functioning kidney.

3 References and typesetting were corrected

4 According to your advice, paper re-organized as topic highlight.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours,

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