

## Format for ANSWERING REVIEWERS

May 03, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 17658-review.doc).

**Title: Incarceration of a perforated Meckel's diverticulum in a left paraduodenal Treitz' hernia**

**Author:** Christoph Gerdes, Oke Akkermann, Volker Krüger, Anna Gerdes, Berthold Gerdes

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 17658

The manuscript has been improved according to the suggestions of reviewers and an **extensive revision of the manuscript** has been performed as well as **editing by professional English language editing company**.

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1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers.

- (1) A) Comments to the author: This case report attempts to shed light on a rare complication of Meckel's diverticulum, i. e. incarceration into a paraduodenal hernia. The author should better explain the existing terminological variety in this field.

**We explained the existing terminological variety in this field in our major revisions of the manuscript.**

*Discussions section:* The terminology in this medical field is highly variable. In a scientific paper in 1785, Gottlieb Richter, a professor of medicine in Göttingen, described the diversity of hernias. He counted intestinal wall hernias and Littré's hernias among the small hernias that include all the hernias in which only one side of the bowel is incarcerated [3]. His descriptions are probably the reason that the clinical terminology of these hernias is confusing. All intestinal wall hernias are frequently referred to as Richter-Littré hernias or Littré's hernias, particularly by German speakers. In 1888, Frederic Treves differentiated Littré's hernias from Richter's hernias [3]. A Littré's hernia is present if the content of the hernia exists in a Meckel's diverticulum whereas Richter's hernia applies to all intestinal wall hernias.

B) This could enable him to perform a more precise and reliable information retrieval in several data-bases and information portals. It seems likely that similar cases have already been reported elsewhere, too. There is a citation to a very recent paper in the World Journal of Gastroenterology as well. That is why author's intent to convince the readership that the manuscript deals with a first case in the world literature should be better substantiated.

**In contrast to the reviewer's suspicion, a thorough analysis of the databases has been performed. The described case has not been reported before.**

*Discussion section:* In a thorough search of the literature, we could not find a similar case. Developing

*a hernia induced by a combination of these two seldomly seen congenital defects is a rare coincidence. There were several case reports of patients with a Littré's hernia during the 20<sup>th</sup> century, as well as other rare conditions including Meckel's diverticulum in an obturator hernia [5]. A recently published case described a patient with a congenital defect of the mesocolon in which an ileal loop with a Meckel's diverticulum was prolapsed [4]. In that case, there was a defect in the right transverse mesocolon; however, the patient presented without a hernial sac, and thus there was no true internal hernia. To the best of our knowledge, this paper is the first report of an incarcerated and perforated Meckel's diverticulum in a confirmed internal paraduodenal hernia.*

C) The text needs certain language improvements. For example, the word 'drainaged' should read 'drained', etc. The references should be prepared according to author's guidelines.

**The paper now was edited by professional English language editing company (see certificate)**

- (2) Interesting case but I suggest the authors seek the services of an English language editing publisher.

**The paper now was edited by professional English language editing company (see certificate)**

- (3) 1 Incarceration of Meckel's diverticulum has been reported frequently in the 1950s.  
2 Treitz's hernia has also been reported for many times.  
3 Perforation is due to the extent of development of the disease.

**The authors agree with point 1-3, however a perforated Meckel's diverticulum in a Treitz hernia has never been reported before.**

4 The authors are suggested to describe more details about the anatomy and pathophysiology.

**In the complete revision of our manuscript we described more details about the anatomy and pathophysiology.**

***Introduction section:** Another type of hernia, congenital paraduodenal mesocolic hernias, represents 53% of internal hernias [7]. Paraduodenal hernias, known as Treitz hernias, had been described by others before being defined for the first time by Treitz in 1857 [1]. The two types of paraduodenal hernias are left and right, and left paraduodenal hernias occur more frequently than right ones [7]. Left paraduodenal hernias are caused by an abnormal rotation of the primitive midgut [8] when the small bowel invaginates into an avascular segment of the left mesocolon [9]. The bowel prolapses through the Landzert's fossa behind the fourth segment, the ascending duodenum. It locates behind the inferior mesenteric vein and left colic artery [10] and becomes trapped between the mesocolon and the posterior abdominal wall in a hernial sac within the leaflets of the left colon mesentery [7]. Bowel loops are present between the stomach and pancreas.*

References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads "Berthold Gerdes". The signature is written in a cursive style with a large, stylized initial 'B'.

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