ID 10951

Small Bowel Obstruction by Broad Ligament Hernia – Three Case reports

# Reviewer A:

**Recommendation**: “The paper is a 3-cases serie, not original, but the topic is very important in emergency surgery. Well structured, good images, and the discussion is adequated. I suggest only add information about the ethics approval.”

**Reply***:* Since this paper describes three case reports, the ethics approval was not requested to the Hospital Ethics Committee. All the patients reported on this paper were contacted and signed the informed consent provided by the AMP (all consents submitted through the electronic platform).

# Reviewer B:

**Recommendation**: “RECOMMENDATION REGARDING PUBLICATION: I do believe that the manuscript should be published in AMP, because it´s well describe unusual cases of bowel obstruction in women.”

**Reply***:* No comments to add.

# Editor:

**Recommendation 1**: “The term "segmented enterectomy" is innapropriate. The correct term is "segmental enterectomy".

**Reply***:* The term will be corrected as recommended.

**Recommendation 2:** “There are no legends to the figures. These should be included in the main text.”

**Reply***:* The captions of the figures were written in the indicated field on the electronic platform during images submission. I will add them to the main text as requested by the editor. Below you may find the captions.

“Figure 1: Abdominal radiographies with multiple air-fluid levels situated in small bowel loops in the left quadrants (A) and distended small bowel loop in epigastric region (B); Computed tomography with marked distended loops and thickened wall (C).”

“Figure 2: Reduced intestinal hernia with viability (A); defect on the left broad ligament (B); weakened right broad ligament with a punctiform defect (C); left broad ligament defect sutured (D). “

“Figure 3: Abdominal radiographies with distended small bowel loops with thickened wall (A) and multiple air-fluid levels in small bowel loops in the upper quadrants (B); Computed tomography with marked distended small bowel loops with thickened wall (C) and an abrupt change in the size of the ileal loop compatible with internal hernia, visible on the lower left quadrant (D).”

“Figure 4: Thoracic radiography with distended intestinal loops on the upper abdomen (A); Abdominal echography with distended intestinal loops and slight amount of inter-loops liquid (B).”