Author's response to reviews

Title: Thoracoabdominal Impalement Injury: a case report

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Author's response to reviews:

Dear editors,

We would like to thank the editorial team and our reviewers for the constant guidance and support in shaping our manuscript. The comments provided us by the reviewers were really valuable and we have tried to address them in our revised manuscript. This has been a good learning experience for the whole team.

We strongly believe that our report is an article of importance in its field and it could be an experience shared to manage such critical cases of trauma especially in resource-limited settings.

We agree with reviewer 2 that the manuscript needs to be focused and shortened. We have significantly tried to shorten the manuscript in this revision. We have tried to discuss only the relevant facts in the discussion section and tried to make the case presentation as lucid as possible maintaining the flow of management.

Regarding the editorial concerns:

1. The consent for publication was taken from the parents, as the child was just 10 years old. The consent form has been submitted to the editor in chief of this journal during submission.
2. We have cropped the figures to remove the patient’s face to maintain privacy and respect. Thank to the editorial team to remind us of such an important concern.

Regarding the comments from our honorable reviewers, we have tried to give a point –by-point response to the concerns below.

Referee 1
The paper in my opinion is too long and could be shortened by about a third, concentrating on relevant facts: We have tried to address this concern and shortened the paper strictly limiting only to the relevant facts.

Do not understand what is meant by the following: “through the front posterior wall of stomach near greater curvature at body, cardia, and then through the diaphragm.” What is the front posterior wall of the stomach? “Body” can refer to the patient as a whole. This sentence is best completely rewritten: We have re-written the sentence as “The bamboo stake further penetrated the body of stomach and passed through the diaphragm.

I presume shock was due to peritonitis due to soilage as there was no obviously blood loss documented: Green, foul smelling peritoneal contents were noted at the exiting end with minimal bleeding noted both at the hospital and on scene which is mentioned in the manuscript. We also attribute the shock to peritonitis.

The parents must have signed consent for publication. I would be concerned about a 10 year-old boy signing consent:. The parents have signed the consent form which was mentioned in the main report while it was a typographical error in the consent section. We apologize for the mistake.

Referee 2

We thank reviewer 1 for the substantial comments suggested for our manuscript. They were very helpful if revising the paper.

Some of suggested corrections from reviewer were answered between brackets and these doesn't flow for a reader. Please include the content of the answer as part of the text context.

Page 6, line 5: Should change to: causing minimal colonic injury (AAST- OIS Grade 1): We have understood the lack of flow in the presentation and changed as” Intra-operatively, an approximately 50-cm long bamboo stick penetrating through the anterior abdominal wall at left iliac fossa causing minimal colonic injury (AAST- OIS Grade 1), and transecting jejunum 45 cm from the duodeno-jejunal flexure (AAST- OIS Grade 5) was noted.

Page 7, Second Paragraph: “The child remained intubated and was transferred to the ICU. Meropenem and clindamycin were added as the ICU team was concerned about contamination from organic matter and hollow viscus injury. (These medications were donated free of charge for this child.)” Please insert a paragraph in the Discussion section explaining that this was a local decision and is not supported on literature. The patient was covered with previous antibiotics scheme - Ceftriaxone and Metronidazole - and there was no supported indication for trading antibiotics so
We have tried to address this valuable comment by inserting a section in the discussion as: "We administered ceftriaxone, metronidazole and tetanus vaccination. The decision of the ICU to further cover with meropenem and clindamycin is not supported by medical literature and reflects an area in which interdepartmental communication can improve patient care."

Finally, we would like to thank again to the BMC Emergency Medicine team for helping us shape our manuscript and report or experience from a resource limited setting. It's has been a great journey working with the team.

Regards,
GM, BB, SA, CH, RV, AB