Author's response to reviews

Title: The Clinical Presentations Of Ectopic Biliary Drainage with a Review of the Literature

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Version: 4 Date: 31 August 2009

Author's response to reviews: see over
Dear Sir,

We made all the necessary changes that both reviewers asked us to do. A native speaker from international science editing edited our manuscript. We have informed consent from all cases. We have no competing interests. We added all these information in the text and also provided what each author did at the end of discussion section. Point to point response to the reviewers is given below. We send a revised manuscript (please notice that we deleted all the tables in the first paper and made a single revised table) with a new additional figure-figure 9) to you. All the other necessary information is seen below.

I would like to learn if I can do anything further

Thank you

Yucel Ustundag

Author’s response to reviewer 1:

Reviewer’s report:

1-The authors present a series of 10 cases of ectopic biliary drainage. It is indeed a rare phenomenon, and in day to day practice, one must be aware of such an entity. Although a good attempt for describing various points of concern, the paper lacks the flow, systematic description and English language. A systematic description of various features is needed. The reader finds scattered information and lack of direction in the study. It would be interesting if the text is divided into headings and subheadings.

We got help from a native English speaker to edit our manuscript for its English language. Now, we believe that its flow is better and we also emphasized on systemic description of the present issue with ectopic biliary drainage in the paper. We used headings and subheadings within the text both in ‘Results’ and ‘Discussion’ sections as the reviewer asked to do.

2-Introduction is too far long. After giving background, focus should be on what you are presenting in this study.

We shortened the introduction and focused on the subject.

3. Methods: Clearly define the inclusion and exclusion criteria of the study. It would be worthwhile if this study includes description on the basis of Kanematsu’s classification. No need to mention the make up of endoscope.

We clearly defined inclusion and exclusion criteria within the text in ‘Methods’ section. We mentioned Kanematsu classification shortly since this is a classification for cases with ectopic biliary drainage involving the stomach. Only one of our cases had ectopic biliary drainage to stomach. Thus, it is not possible to describe all of our cases on the basis of Kanematsu’s classification.

4. Follow up: Details are very vital as such patients have recurrent symptoms.
Unfortunately, we do not have follow up data about our cases as we mentioned in the text within ‘results’ section under the subheading ‘treatment’.

5. Discussion: It is far too long and mandering. After the definition and incidences, a comparative analysis with other studies is needed. A part of etiology, clinical features, presentation and related factors for causing these features need to be described. A para regarding Kenamatsu’s classification; its benefits both the diagnostic and therapeutic may be added. Diagnostic and therapeutic modalities should be described and comparative analysis with other studies may be made. A final message may be put accross.

We corrected this part as the reviewer asked us to do. We first indicated the definition and gave data about its incidence. Then, a comparative analysis with other studies was done. Etiology and Kanematsu’s classification was mentioned. We had only one case with ectopic biliary drainage to the stomach, we did not give great emphasis on Kenamatsu’s classification and thus, we did not put a long paragraph for the diagnostic and therapeutic benefits of this classification. Demographic data and clinical presentation focused on complicated ulcer formation and cholangitis were underlined in the rest of ‘Discussion’ section. Diagnostic and therapeutic modalities with a flow chart in figure 9 were also described. We added a final conclusion paragraph at the end of discussion section as ‘take home message’

Author’s response to reviewer 2:

Reviewer’s report:

1- The high frequency of ectopic biliary fistula cited in the study does not make sense. Personally, we have around 4000 ERCPs and until now I have never seen ectopic biliary ectopic biliary fistulas. Ectopic biliary openings should be changed to biliary fistula because the fistula does not need to be classified by topic or ectopic. The authors should explain why recurrent attacks of cholangitis determine biliary fistula. The cases should come in demographic table facilitating to the readers.

We cannot explain the reason why the reviewer with such a high volume of ERCP patients did not see any case with this anomaly. However, the presence of this anomaly has been confirmed by various other authors form different countries. We agree with the reviewer that any paper giving information about this anomaly is suitable and necessary for ERCP readers. Unfortunately, we do not agree with the reviewer that the name should be changed to biliary fistula. Indeed, this is not a biliary-enteric or biliary-gastric fistula that we see in cases with biliary stone disease etc... This is a congenital anomaly with an ectopic biliary drainage (which obviously means that biliary drainage is to an ectopic site in the GI tree). Furthermore, there is no other author in the literature using ‘fistula’ to describe this condition. We made a new table providing the readers with all aspects of this study (Table 1.).(We removed all the other tables and conjoined them in only one table)

2- The text is not too good. Some sentences do not make sense and a native person should take a look in the manuscript. The title is confusing and too long.
The organization of ‘International Science Editing’ did the necessary changes on our paper. The title is changed to a shorter one.