Author's response to reviews

Title: Case report: Acute Pancreatitis Caused By Postcholecystectomic Hemobilia.

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Version: 5 Date: 22 April 2010

Author's response to reviews: see over
Author’s response to reviews

Title: Acute pancreatitis following hemobilia caused by right hepatic artery pseudoaneurysm 5 months after laparoscopic cholecystectomy.

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Version: 2  Date: 22 April 2010

Author’s response to reviews: see over

Reviewer’s report

Title: Case report: Acute Pancreatitis Caused By Postcholecystectomy Hemobilia.

Version: 3  Date: 23 January 2010

Reviewer: Nuno Almeida

Reviewer’s report:
To the authors:
I appreciate reading and reviewing your manuscript entitled “Acute Pancreatitis Following Hemobilia Caused by Right Hepatic Artery Psudioaneurisma 5 Months after Laparoscopic Cholecystectomy.” This case is interesting and documents two possible late complications of a common surgical procedure but the spelling and grammar need a major revision. Usually I give some suggestions about the potential corrections that must be made but in this case it is virtually impossible because I identified misspellings in all paragraphs. It is essential to review all language before even considering further review and submission.

We have corrected the grammar in our manuscript.
It is also important to note that the patient is identified in the CT images and it seems that it has 50 years? This is unacceptable! Please correct and present only one image with the pseudoaneurysm clearly identified.

We have removed the CT images because there were comments about the number of the figures and we thought that CT images are not critically important.

These comments can be useful for you in the future.

Best wishes.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.

**Reviewer's report**

**Title:** Case report: Acute Pancreatitis Caused By Postcholecystectomy Hemobilia.

**Version:** 3 **Date:** 7 February 2010

**Reviewer:** Thilo Welsch

**Reviewer's report:**
Halil Alis et al. present a case of postcholecystectomy hemobilia and consecutive pancreatitis. Hemobilia resulted from a pseudoaneurysm of the right hepatic artery.

Major compulsory revisions:
- In general, case reports should add new aspects to the current knowledge, but the present case describes a foreseeable complication of postcholecystectomy hemobilia (pancreatitis), and the management was standard. We supposed that this is a very rarely seen case and it could be important to share this as a case report.

- Frankly, the manuscript is written in an extremely bad English, and authors should not submit an uncorrected text like this. The reader hardly finds one correct sentence. Here are just some examples - eozophagus, blood cloth, psoudoaneurismatic, %50 ...

*We have corrected the grammar in our manuscript.*

- blood values are presented without units (except hemoglobin)

*Units for the blood values have been added to the manuscript.*

- Fig. 2 (CT scan): the quality of the scanned or photographed image is totally unacceptable. In addition, one can read and identify the name of the patient.
We have removed the CT images because there were comments about the number of the figures and we thought that CT images are not critically important.

- there are no figure legends in the manuscript

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.

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**Reviewer’s report**

**Title:** Case report: Acute Pancreatitis Caused By Postcholecystectomy Hemobilia.

**Version:** 3 **Date:** 9 February 2010

**Reviewer:** Michael Kelly

**Reviewer’s report:**

**Major Compulsory Revisions**

This is a nice case report discussing acute pancreatitis due to haemobilia after cholecystectomy. It states that this is the first time it has been described. The section describing the case is poor. It would be useful to have details about the original operation- was it difficult? Also was the bile duct imaged either intraop or preop.

We have stated that the operation was an elective operation. And we have added this sentence to the case report to give some details: ‘Cystic artery and cystic duct was explored during operation and cholecystectomy was completed without any difficulty.’

The biochemical data does not state the normal range for their lab or even the units used.

Units for the blood values have been added to the manuscript.

After the patient was found to have active bleeding through the papilla at endoscopy why wasn’t angiography carried out straight away? The patient went on the have an ERCP and sphincterotomy. There is always a risk of bleeding from sphincterotomy potentially making things worse.

We supposed that the clot in the common bile duct and ampulla of vater lead to the pancreatitis. So first fully we planned to carry out an ERCP.

The description of the technique used for angioembolisation is one sentence “Selective angiography revealed a psudoaneurisma of right hepatic artery connected to remaining cystic duct and Angioembolisation was made at the same intervention”

In my opinion it is not appropriate to omit details of the technique- e.g. sheath
used for cannulation, catheters, type of coils…
And details of the manufacturers
There is no mention of follow up of the patient or rescan to check the aneurysm has not reformed. If there is followup how long is it since procedure?

The patient was hospitalized for 5 days after angioembolisation. To follow up the case, she was called one month later but she did not applied to our clinic again.

The spelling and grammar is very poor. While I understand English may not be the authors first language it is easy to run a spell check on a word program.

We have corrected the grammar in our manuscript.

There are 8 authors; this is too many for a case report. Did they all meet the requirements for authorship as below?
Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. (International Committee of Medical Journal Editors, 2009).

We have given the details about the authors in the authors’ contributions part: ‘EA, HA and MAB undertook the management of our patient from the time of his initial presentation to ERCP and follow up examination. OZO and ANT performed the endoscopy, KD and EA performed the ERCP. AU and EI achieved the angiography and CT. All authors read and approved the final manuscript.’

There are no figure legends in the manuscript. There are too many figures with duplication. The patient’s name is visible on the CT. It has not been cropped or labelled and is not of very good quality.

We have removed the CT images we because we thought that CT images are not critically important for the case presentation.

I feel that there are too many references (11) for a case report.
There is no statement saying that the patient gave consent for the case report.

This sentence has been added to the manuscript: ‘Written informed consent was obtained from our patient for publication of this case report and any accompanying images.’

There has been no description of the embolisation technique and while I understand that the authors purpose was to report a new complication rather dwell on embolization it should still be covered. It appears that they have dropped coils only partially into the aneurysm and mainly into the proximal right hepatic artery. This has “closed the front door” without “closing the back door” and leaves the potential for the aneurysm to refill from collaterals (then it is not possible to reach it endovascularly). Sometimes this has to be an acceptable compromise, but closing both front and back doors should be attempted first (if not done, why not?). Also on the last image there indeed appears to be some
filling of the pseudo-aneurysm from collaterals but no mention of this was made in the report. The main point of the article is that bleeding into the bile duct caused pancreatitis. I accept there was abdominal pain and raised amylase but was there pancreatitis on CT scan? - The images are too poor for me to see.

There was no sign about pancreatitis on CT scan.

It is stated that the bile duct was 18 mm at ERCP. It takes a reasonable time for a bile duct to dilate up so it seems hard to attribute the dilated bile duct to an acute bleed. Similarly the bilirubin level was 8 (presumably mg/dL) with (6.2 conjugated or direct reacting) and this is high- again it takes time for a level such as that to occur. Was the duct dilated pre or peri laparoscopic cholecystectomy? Is it possible that there was a retained bile duct stone, could this have caused the jaundice and pancreatitis. The clinical details do not mention how long the patient had had abdominal pain and jaundice prior to presentation with bleeding. I guess it is possible that the patient may have had a herald bleed weeks before the presentation. While the authors' judgement has to be respected maybe they could discuss these unusual facts i.e. dilated bile duct and acute bleeding. In my opinion the report needs to be improved before being reassessed. It may be beneficial to turn it into a care report and review of the literature especially as there are 8 authors to do the extra work.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
'I declare that I have no competing interests'

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**Reviewer's report**

**Title:** Case report: Acute Pancreatitis Caused By Postcholecystectomy Hemobilia.

**Version:** 3  **Date:** 2 January 2010

**Reviewer:** Young Koog Cheon

**Reviewer’s report:**

Major Compulsory Revisions

Major points

1. The grammar in the manuscript has to be edited extensively for publication.

We have corrected the grammar in our manuscript.

2. A more detailed description of selective angiography is needed. Was contrast observed passing from the cystic duct to the CBD? During embolization, which branch was the endocoil placed? Angiographic findings following embolization, are also needed.
We have explained that the selective angiography revealed a pseudoaneurysm of right hepatic artery connected to remaining cystic duct and angioembolisation was made during the same intervention in our manuscript.

3. The discussion is long and general description of hemobilia is not needed, especially the first part.
4. The authors should explain the possible mechanism of hemobilia occurred in the first place, and if there is a way to prevent it from occurring, during surgery.
5. There were no figure legends. Add figure legends.

Minor points
1. Correct spelling a lot of words.
2. In abstract,
   Line 3, but Acute… --> but acute
   Line 4, ..is yet not described. --> is not yet described.
   Line 5, We present.. --> We presented
   Line 5, a 32 years old female, --> a 32-year-old female
   Line 10, psudoanevrism --> pseudoaneurysm
2. In Case report,
   Amilase --> amylase
   Amilase, Lipase are need a unit and change to amylase, lipase
   eozophagus --> esophagus
   Contrast enhanced abdominal tomography --> abdominal computerized tomography
   catheter --> catheter
   ‘ductus choledochus’ means the sphincter of bile duct, and so you have to change to “common bile duct”.
   In last line of ‘Case report’. remaining remant
3. In conclusion,
   In first line of last paragraph,
   …and Acute pancreatitis…. --> and acute pancreatitis…

We have corrected the misspellings in our manuscript.

4. If possible endoscopy figures of bleeding directly from the papillary orifice should be added and replace the figure 1.
5. In figure 2, there are too many CT films. The 3rd and 4th CT findings are enough in this manuscript.

We have removed the CT images.

6. Figures of selective angiography should be reduced. Figure 4 is not needed.

Figure 4 has been removed.

7. Remove the figure 7.

Figure 7 represents the postembolisation, therefore we supposed that this figure is necessary for the case presentation.

Level of interest: An article of importance in its field
Quality of written English: Not suitable for publication unless extensively edited
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
'I declare that I have no competing interests'

Reviewer's report
Title: Case report: Acute Pancreatitis Caused By Postcholecystectomy Hemobilia.
Version: 3 Date: 24 January 2010
Reviewer: vincenzo napolitano
Reviewer's report:
Major Compulsory Revisions:
1) There are a lot of language mistakes: the paper must be reviewed by a native English speaker

We have corrected the grammar in our manuscript.

2) Was the cholecystectomy performed in emergency? if so, the pseudoaneurysm is more frequent and the author should make a reference to this

We have stated that this was an elective laparoscopic cholecystectomy. And this sentence has been added to the manuscript: 'Cystic artery and cystic duct was explored during operation and cholecystectomy was completed without any difficulty.'

3) I think that the interest of the paper is better based on the management of the hemobilia and its complication rather than on the cause of the acute pancreatitis. The author should focus on this feature

4) The references are now “expired”, there are no any recent ones

5) ERCP is now considered an operative procedure rather than diagnostic and I have not had this feeling reading the paper (the diagnosis has been made by the gastroscopy).

6) I disagree with the sentence: "But hemobilia rising from a pseudoaneurysm after cholecystectomy and causing acute pancreatitis was yet not described" because the pseudoaneurysm is a well known cause of hemobilia and the biliary clots can cause acute pancreatitis by obstruction

Minor Essential Revisions:
1) During US and CT scan was the pancreas examined? Why the author did not specified this? The patient had an acute pancreatitis!

There was no sign about pancreatitis on CT scan and US.

2) The author should give some information about the devices used to perform embolization (coils, stent...) and compare the procedure with literature

3) Describe the medical management of the acute pancreatitis (drugs, devices, score...)
4) Look at the n° 9 reference: it is incomplete.

We have completed this reference.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests