Author's response to reviews

Title: Rare Gallbladder Adenomyomatosis Presenting as Atypical Cholecystitis: A Case Report

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Version: 3 Date: 2 September 2011

Author's response to reviews: see over
Dear Sir

I, along with my coauthors, would like to ask you to consider the manuscript entitled “Rare gallbladder adenomyomatosis presenting as atypical cholecystitis: case report”, which we had submitted for publication as a case report in BMC gastroenterology. After peer reviews, a revision was requested. We have already submitted the revision in the online system. The revisions were color heightened.

The point-by-point responses were as follows:
1. The revision had been corrected by Edanz.

2. Q: Did adenomyomatosis have anything to do with acute cholecystitis?

   In our patient, the initial symptoms were similar to the typical symptoms of acute acalculous cholecystitis.

3. Q: Why was the gall bladder abnormalities not seen on the ultrasound and what was the indication for the gallium scan?

   Ultrasound diagnosis is highly operator-dependent. Intramural diverticulae, typical findings of gallbladder adenomyomatosis, were not seen in abdominal ultrasound of our patient. Under the clinical features and imaging studies, our patient was initially diagnosed with acute acalculous cholecystitis rather than gallbladder adenomyomatosis. Because of the poor response to adequate antibiotic therapy for acalculous cholecystitis, a further imaging study with a gallium scan was indicated to survey for other infection sources.

4. Figure 4 in the previous manuscript was omitted.

I look forward to hearing from you at your earliest convenience.

Sincerely,

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