Author’s response to reviews

Title: A rare case of ascending colon actinomycosis mimicking cancer

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To: Editor-in-Chief
BMC Gastroenterology

Subj: Revision of the paper: "A rare case of ascending colon actinomycosis mimicking cancer",
Dimitrios Filippou, Ioannis Psimitis, Diamanto Zizi and Spiros Rizos, Manuscript Number: MS:
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Dear Editor,

Thank you very much for your interest in our work and the useful suggestions that the editors and the
reviewers made to us. I tried to do all the possible changes according to the corrections you proposed. In
the present letter I refer analytically to every formatting change that made in the paper. If anything else is
needed do not hesitate to contact me as soon as possible.

Reviewer 1
Major Compulsory Revisions:
None

Minor Essential Revisions:
1. Along the whole case report the misleading term " malignant inflammatory tumor" has been used. The
right terms should be either "Malignant tumor" or " Inflammatory pseudo tumor".
The terms changed as proposed. The term malignant tumor is now used throughout the whole text.
2. Refference No. 3 is not mentioned in the text.
It has been written as [2] by mistake. It is mentioning now.
3. Lines 10-11 on page 3 is not relevant to reference 2.
The correct reference is no 3. See Revision no 2.
4. Line 13, page 3 - The treatment of choice is antibiotic therapy when ever possible and not surgical one.
I agree while the reviewer. The treatment of choice is antibiotic administration. This was changed in the text.
4. Case report, page 3 line 3 the term " the past medical history was free should be re write.
This changed was performed in the text.
5. Line 3, page 4 - "Arterial pressure" should be replaced by " Arterial blood pressure".
This changed was performed in the text.
6. Line 1 page 6 should be revised
This changed was performed in the text.
8. Fig. 2 should be replaced by more representative figure with higher magnitude focusing on the "sulfure
granules".
We changed the phot as it was proposed by the author with another one, in larger magnitude showing more representatively the sulfur granules.

Reviewer 2
General

This manuscript is a case report of an entity that has been well described in the literature. The authors do not include a detailed discussion, including radiographic, clinical or pathologic features, of the entity and do not provide an adequate summation of the literature. There is minimal discussion of the differential diagnosis or clinicopathologic features that allow discrimination between gastrointestinal actinomycosis and other mimicking lesions in the discussion. The manuscript is repetitive, discussing the same points in the Background, Case Report, and Discussion sections without providing any new insights into this disease.

Actinomycosis affecting colon and abdominal cavity is an unusual disease as it is proposed in the literature by several authors recently (Norwood MG, Bown MJ et al. ANZ J Surg 2004, 74:816-818 and Bittercourt JAF, Andreis EL et al. BJID 2004, 8:186-189). Although the pathologic features of the disease have been described well, the varieties in the clinical presentation of the disease are of great importance for the accurate diagnosis and treatment. Most reported cases focus in the clinical symptoms and the diagnostic strategy. We present the diagnostic modalities and the therapeutic strategy we followed. Bowel obstruction due to actinomycosis is very rare, and combined obstruction and perforation more rare. The differential diagnosis includes many diseases that are not easy to analyse them in the discussion section of a case report. For that reasons we simply refer them. Again I would like to note that the present study is mainly a clinical case report with references in the pathological features of the disease, which are well described, and focus in the clinical diagnosis and the treatment stategy. We also tried to do any changes to avoid repetitions and structure better the Discussion sections.

I hope that you will find the changes satisfying. For any questions do not hesitate to contact us. I am looking forward for your answer.

Sincerely Yours

Dimitrios K. Filippou, MD, PhD
(on behalf of all authors)