Author's response to reviews

Title: The role of cross sectional imaging in the management of acute pyogenic inguinal abscess - extrapelvic versus intrapelvic origin

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Author's response to reviews:

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Prof. Philippa Harris, PhD
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Dear Professor Harris:

We would like to re-submit our manuscript entitled ‘The role of cross sectional imaging in the management of acute pyogenic inguinal abscess - extrapelvic versus intrapelvic origin’ for consideration for publication in the BMC-infectious disease. This paper has not been published elsewhere.

All co-authors have read and agreed with the content of the manuscript. This study was approved by institutional review board. All authors have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

This manuscript has been previously as MS: 8753431387234970. We are appreciated for the constructive suggestions from reviewers. Point to Point response to the reviewer’s opinions was listed in the ‘Revision Note’. Briefly. We have revised the discussion section and demonstrated a series of cross section images per reviewer’s suggestions. We hope you will find this revision improved and meet the standard of the journal.

Thanks for your consideration.

With best regards,
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Revison Note:  
Reviewer's report (Abdul Jalil J Nordin)  
Comment  
This is a retrospective study. The author described the clinical presentation of 28 patients over 8 years period with diagnosis of inguinal abcess and the workflow of clinical management of these patient. All patients had a cross sectional imaging study either CT or MRI.  
1. The topic is relevant but lack of focus into actual interest. From the objective and the result, I suggest the topic to be changed to a more focus area.  
Response  
We revised the title per reviewer’s suggestion  
Comment  
2. The methods needs to be more specified on how the patient was chosen eg at random or are there any specific characteristics eg presented to emergency department of ....hospital with abdominal pain or fever > 40 degrees etc. What are the inclusion and exclusion criteria from the actual number of the whole number of subjects.  
Response  
The listed patient were retrieved from hospital database under the ICD-9 code 6822 and subsequently reviewed. Only 28 patients were included based on the presentation of concomitant fever and groin mass that demanded surgical treatment.
We revised the patients sections as following,

Under the approval of institutional board review, the medial records of three hundred and forty six patients diagnosed with the ICD code 6822 (cellulitis and abscess, trunk) from Chang Gung Memorial Hospital at Chia Yi were comprehensively reviewed between January 2003 and December 2010. The inclusion criteria were a presentation groin mass associated with fever greater than 38.3 degree at emergency department that demanded surgical treatment. Twenty-eight patients diagnosed with inguinal abscess and treated with surgical debridement were included in the current study.

Comment
3. The criteria of intra and extrapelvic abcesses were not detailed in the methodology on how the separation was made to stratify the patients.

Response
The criteria for extra and intrapelvic origin was defined by the infectious focus. Briefly, extrapelvic origin indicated the infections extended from the thigh muscle infections, while intrapelvic origin was more diverse including intraperitoneal, retroperitoneal and genitourinary focus.

We revised the manuscript as following,

Extrapelvic origin was defined as thigh was the primary infectious focus the while intrapelvic origin as the focus within the pelvic cavity which further including intraperitoneal, retroperitoneal and genitourinary pathology.

Comments
4. It would be interesting if the author include at least 2 cross sectional images illustrating the difference between intra and extra pelvic origin of the abcesses.

Response
We have illustrated four series of cross sectional images to describe the intra and extrapelvic origin.

Comments
5. Otherwise these are sound data and the manuscript adhere to the relevant standards for reporting and data deposition.

Response
We are appreciated for your recognition.
Comment

6. The discussion should also focus on the reason why there is a delay in the diagnosis and interventional treatment and whether this delay has potential impact on the outcome of the patient.

Response

We revised the discussion per your suggestion as following,

The most significant finding of the current study was that patients with inguinal abscess of extrapelvic versus intrapelvic origin had different pathogenic findings and clinical presentations. The differentiation between these two origins could be accurately achieved by computed tomography and MRI in a timely fashion that helped guide empiric antibiotic treatment and surgical planning. Extrapelvic origin usually presented a tubular, thickened wall structure with extention to the involved musculature, such as adductor or rectus femoris. (Fig 1, 2) Intrapelvic origin presented a thicken wall with retroperitoneal or intrapertoneal extension to the involved structures (Fig 3, 4). While intrapelvic origin was identified, Group 2 patients presented with a shorter time between the admission and the first surgical intervention. This phenomenon reflected the importance of the timely imaging study as well as the more fulminant infections respresented by the higher APACHE II scores within 24 hours of admission. On the other hand, the longer time of first surgical intervention in patients with extrapelvic origin might result from the insidious onset of symptoms over the thigh despite imaging has shown the pathology. Although mortality rate did not increase, hospital stay became similar to those for patients with an intrapelvic origin of infection who presented higher APACHE II scores.

Comment

7. The conclusion is a bit long and doesn't reflect the topic and weakly supported by issue in the discussion

Response

The conclusion was condensed base on the discussion per your suggestions.

Comment

8. Nevertheless the author stated the limitations and acknowledge the previous

Response

We did acknowledge the limitation.

Comment

9. Overall writing is acceptable but the referrence material need to be at least
28-30 and to include the role of imaging in this area.

Response
The references list was updated.

Comment
10. Please refer to additional comment on attached file
Response
The suggested changes have been made.

Reviewer’s report (Daphne Theodorou)
Comment
Although the authors bring no new information into light, this is an interesting study because of the quite large number of patients involved.

Response
We apologized for not stressing the strength of the current study. Groin abscess presenting as a deep complex soft tissue infection which is not common, We retrospective reviewed out data base with the ICD 6822 (Cellulitis and abscess, Trunk) and found only 28 patients in 8 years period in a one thousand bed hospital. Those patients all underwent surgical debridement according to pathology identified by the cross section image. Through the

Comment
A serious flaw is that the paper is missing description of the imaging features (on CT and MRI) of inguinal abscesses. The addition of a few clinical cases would definitely strengthen the points of the study.

Author Response
We added images and description for inguinal abscess for either intrapelvic or extrapelvic orgion to strengthen the points of the study.

Comment
Also, I am not sure the authors eventually answer the self-imposed question in the Introduction section of the manuscript as to whether “the presentation and prognosis for patients ….differ according to whether the infection is of extrapelvic versus intrapelvic origin”.

Response
Our data demonstrated groin abscess resulting from intrapelvic and extrapelvic origin presented a difference clinical pictures, imaging finding, and bacterial species.

Comment

The manuscript needs some more work (i.e., the addition of more text) to better reflect what the authors attempt to present in the Tables.

Author Response

We revised the results and Discussion section to address the important finding in the tables.