Author's response to reviews

Title: Psoas haematoma as a complication of Veress needle insertion: description of a case and literature review.

Authors:

Diana Garcia-Alcazar (esteban.ferreiro.garcia@sergas.es)
Beatriz Gacia-Cahpinal (beachapi@gmail.com)
Emma Batllori-Badia (ebatllori@gmail.com)
Gregorio López-Gonzalez (goyolopez2@hotmail.com)
Estela Lorenzo-Hernando (estelash@hotmail.com)
Jesus S Jimenez-Lopez (jjimenez.hdoc@salud.madrid.org)
Leticia Muñoz-Hernando (leticia_mh@hotmail.com)
Jose L Muñoz-Gonzalez (jlmunozg@yahoo.es)

Version: 3
Date: 12 October 2014

Author's response to reviews: see over
Response to “Reviewers comments of the paper: Psoas haematoma as a complication of Veress needle insertion: description of a case and literature review”.

Reply to reviewers’ comments.

We thank all reviewers for their thorough reading of the manuscript and their helpful remarks that helped us to improve the manuscript. Our reply is structured as follows. We start with detailed responses to the remarks of reviewers Dr Tirso Pérez-Medina and Dr Abdolmajid Iloon Iloon Kashkouli. We end with a deeper general review of our paper’s written English.

In reference to the remarks made by reviewer Dr Tirso Pérez-Medina in terms of Minor essential revision, we suggested the following:

1. #Figures 1 and 2 are almost the same#. Initially, we understood that both images were necessary for the interpretation of CT-Scan, as they demonstrate the presence of pseudoaneurysm in both portal venous phase and excretory phase. After taking into account reviewers comments, we considered that the same point could be made by Figure 2 itself, so we eliminated Figure 1 from the paper.

In reference to the comments addressed by reviewer Dr Abdolmajid Iloon Iloon Kashkouli, we proposed the following:

1. #In the case presentation section first paragraph, mentioning BMI of patient can better declare required depth for needle insertion#. In reference to this comment, we added the following text (in italics) to the first paragraph of Case Presentation: “We report a case of a 32-year-old woman, smoker, with a BMI 20 (weight: 55 Kg, height: 166 cm), and a personal history of 4 years of primary sterility...”. We now mention patient’s physical features in order to show that we found no difficulty when inserting Veress needle in this particular case.

2. #Authors have not described possible fault such as overadvancement during needle insertion; even if none of this were encountered, it can be briefly discussed#. At this point we made a comment in relation to the insertion technique, as we faced no trouble when inserting the needle, so that no overadvancement could be suspected. We added the following text (in italics) to the first paragraph of Case Presentation: “The pneumoperitoneum was carefully created at the first attempt through Veress needle insertion at Palmer’s point without experiencing any difficulties”.

3. #While certainly the basic principals of laparoscopy were met, brief discussion of injury preventing techniques such as abdominal wall elevation by towel clips during needle insertion may be helpful#. Preventing techniques are now mentioned at the section Discussion, through the following text (in italics) added to the fourth paragraph of the section: “Palmer’s point is
located 3 cm below the left costal margin in the mid clavicular line; it is essential to decompress the stomach using nasogastric tube suction and to insert Veress needle perpendicular to the skin. *Lifting the abdominal wall with towel clips during needle insertion can also help to ensure a safe access*.

4. #Although not clearly related to this topic, referring to previous experience related to visceral organ damage in author’s centre may be helpful#. Concerning surgeons experience in the field of laparoscopic surgery, and referring to any complication related to it, we added a full paragraph on this matter in the section Discussion: “In relation to surgeons’ experience, there were no complications so far such as the one described in the case. In our service, with 25 years of experience in laparoscopic surgery, the following complications have been described in relation to Veress needle insertion: a renal puncture in a monorrenal patient with a hypertrophic pelvic kidney, a gastric puncture in a patient with badly placed nasogastric tube, and a case of iliac vessels puncture with Veress needle inserted at the umbilical point. In the last case, it was necessary to convert urgently to laparotomy for the complete resolution of the injury”.

5. #The references numbering order is not regular in text; for example 11-16 are given prior than 2-10#. We rearranged references numbering order so they are now listed in order of appearance in the paper.

Finally, we want to add that we made a deeper general revision of the paper’s written English, making minor grammatical and orthographic changes that do not affect the original content at all.

Sincerely yours,

Diana García-Alcázar, et al.

Madrid, October 2014.