Author's response to reviews

Title: Spontaneous intraperitoneal rupture of hepatic hydatid cyst: a rare cause of ascites

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Author's response to reviews: see over
Dear Mr. Eden Nonato
Dear Dr. Gianluca Pellino

I’m pleased to inform you that the required rectifications were made.

**In response to reviewers’ comments:** The changes are in green

**For Dr. Francesca Iacobellis**

1) “Figure 1 has low resolution, please provide a better image for the final version”.

   A better resolution Figure was provided in the revised version.

2) Figure 3 A and B: cut the figures including only the main finding.

   Modifications are made as asked.

**For Dr. Andreas Bakoyiannis**

1) - Arrows in figures must be added, showing what is described in figure legends.

   Arrows in figures was added to showing what is described in figure legends.

   - Figure 2 also has A and B pictures but it is not described in the legend.

   Some details are added as asked.

2) The whole manuscript should be checked and corrected for typing errors which can be found in all sections. Example: Case presentation section: "Because the ascites was so massive and chylous, without any sign of hepatic, cardiac or nephological disorder, tuberculosis or NEOPLASIC causes were suspected."

   The whole manuscript was checked and typing errors were corrected.

3) The whole manuscript should be checked by a native English speaker for some language corrections. Example: Discussion section: "The analysis of the intra-peritoneal ruptures allows the distinction of two clinical forms: the minimal fissuring and the massive ruptures. The minimal fissuring is the more frequent, and results from a trauma which is often unrecognized and neglected. The usual presentation is a
progressive increase of the abdomen after the diminution of a known mass, associated or not with a transient cutaneous eruption. Hence, discharge is in feeble quantity in the great peritoneal cavity a hydatid liquid can either encyst giving rise to an encysted vesicular peritoneal echinococcus, or remain free resulting in a real military hydatid disease. The massive ruptures during a great effort are much rarer. They result in rapid sinking of the cyst by a complete draining in the peritoneal cavity. They can evolve at low rate realizing a subacute form or in a rapid way realizing an acute form including abdominal pain, urticaria, anaphylaxis and sudden death [6, 7]." or in the Background section: "Humans receive the disease through enteral exposure and become accidental intermediate hosts"

The whole manuscript was checked and language corrections were made

I’m waiting for your favorable opinion as soon as possible. Please accept my sincere greetings

Yours Sincerely,

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