Author’s response to reviews

Title: TITLE: Liver abscess secondary to a broken needle migration- A case report

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Reviewer 1:
We thank the reviewer for his observations and would like to give a point wise response:
1. I have changed the title as suggested and now it reads as "Liver abscess secondary to a broken needle migration- a case report"
2. The consultant and head was a typographical error and I apologise for the same, it has been corrected.
3. The key words have also been changed as suggested by the referee and we appreciate his suggestions. They are now "Hepatic abscess, foreign body migration".
4. The introduction has been rewritten as desired.
5. Thanks for the remark.
6. (a) The point is well taken, it was an oversight and the serum alkaline phosphatase indeed was raised although the other liver function tests were within normal limits. The changes have been made (b) Cefotaxime was the third generation cephalosporin used and metrogyl is indeed metronidazole, the desired changes have been made.
7. (a)We have included a table to compare the presenting features and outcome of most of the prominent publications related to this case in the form of a table which would be in two parts as attachment (1a & b). The discussion has been made more extensive while keeping it relevant to the case. (b, c, d, e). Needful done and References reorganized.
8. I thank the reviewer for this observation and suggesting more references. The references and relevant changes in the text made after a thorough review of literature. There are 20 references now with due incorporation in the text.
9. Only 1 figure each of X ray abdomen (lateral view excluded as suggested by the reviewer), Ultrasound abdomen, Contrast enhanced computed scan (CECT), and Retrieved needle has been kept. The legends have been corrected. CECT has been replaced by the term "contrast enhanced computed scan".

Reviewer 2:We thank the reviewer for kind suggestions and observations and the desired changes have been made. The point wise reply follows:
1. We fully agree with the remarks of the reviewer that a plain X ray abdomen could have facilitated early referral, however it did not happen, like in many cases managed at such very remote and inaccessible primary care centers. For the initial part of his treatment the patient was in his village under the care of a quack and a witch doctor, hence was not investigated on recommended lines. The referring physician was however a qualified doctor and he referred with the suspicion of intra-abdominal sepsis almost immediately for ultrasound abdomen after doing the x-ray abdomen, routine blood (total counts, smear for malarial parasite) and urine investigations. There was thus no delay at the health center.
2. The point is well taken and the mistake has been rectified. The location of the abscess was in
segment five (Couinad’s). The operative findings revealed an anteriorly located abscess in segment five i.e. the right lobe of the liver and not in the postero-inferior segment.

3. We apologize for the errors, and the needful regarding the references has been done.

4. The reasons prompting presentation are (a) Limited reported cases (b) No history of ingestion of the foreign body in the present case(c) Right lobe instead of left being involved in the present case unlike majority of other cases reported where left lobe is involved (table 1a,b).

5. We thank you for this observation and a table (being sent as two attachments) containing the reported cases and the present case to summarize and highlight the differences in presentation, treatment and outcome of most of the reported cases has now been incorporated.

6. The final sentence was essentially for the extra hepatic foreign bodies and has therefore been removed from the text. There is no published report to suggest successful application of laparoscopy in hepatic abscesses due to migrating foreign bodies.