Dear sirs

Allow me to inform you that I sent you our patient's written consent by fax two weeks ago. Thank you very much for your time. Looking forward to hearing from you.

Best regards

Dr Chatzoulis.

"Georgios Chatzoulis, MD" <surgchatz@yahoo.gr> epsilongammapiepsilon: Thu, 2 Nov 2006 23:00:18 +0000 (GMT)
Alpha: "Georgios Chatzoulis, MD" <surgchatz@yahoo.gr>
Thetaepsilonalpha: Thetaepsilonalpha: 88362595612018 68 A Unique Coexistence:Mirizzi Type IV and cholecystocolic fistula in one patient.
Pifinal sigma: edadmin@biomedcentral.com

Dear sirs of BMC Surgery

Please allow me to answer to your first two questions in a periphrastic manner. We have here a unique combination in the worldwide literature. Mirizzi syndrome is a rare complication of cholecystitis. As Al-Akkely et al reported in World Journal of Surgery 2005 Dec, only one case had Mirizzi type IV and the U/S Diagnosis was difficult with ERCP setting up the strong suspicion. In another report in Am J of Surgery 2001 Jan Johnson et al report 11 case in a 24 year review and no Mirizzi type IV. Our patient couldn't find solution to his problem for six months (he visited 4 hospitals before he come to our hospital) because of his atypical symptom: Monthly diarrhea and intermittent fever. U/S and C/T could reveal the pneumobilia and only ERCP approached the diagnosis of this unique combination. A similar case presentation with ERCP demonstrating of a cholecystocolic fistula only was reported by Shoetens et al in Endoscopy. But this was only a cholecystocolic fistula and not this unique combination of our case report. Cholecystocolic fistula accounts 10% of all biliary fistulas. (J Laparoendoscop. Surg 1995 Dec). On the other side Mirizzi type IV is about 4% of mirizzi syndrome and the latter accounts 1% from cholecystitis's complications (Csendes et al Br J Surg 1989 Nov). So here we report a unique combination of the above two most rare clinical entities. This is exceptional. Our patient had no jaundice. All the patients in world literature studies with Mirizzi type IV had jaundice. And this is a represents an exception of clinical manifestation of Mirizzi type IV.
ERCP here showed not only the Mirizzi type IV but the cololecystocolic fistula also and this represents a unique image documentation.
We strongly believe that this unique combination must be reported and became a part of differential diagnosis of chronic cholecystitis complications, so can be useful for educational purposes in order to avoid diagnostic pitfalls and offer a curative treatment from radiologists and surgeons.
We confirmed also that this case report include an up-to-date list and review of all previously published cases in the field.
As soon as we can we’ll fax our patient’s written consent.

Best regards,

Dr Chatzoulis and colleagues

MS: 8836259561201868

A Unique Coexistence: Mirizzi Type IV and cholecystocolic fistula in one patient.
George G.C Chatzoulis MD, Andreas A.K Kaltsas MD, Lazaros L.D Danilidis MD and John J.D Dimitriou MC

BMC Surgery

Dear Dr Chatzoulis

BioMed Central welcomes useful and well-described reports of exceptional or unusual cases. To help us better focus attention on the specific merits of your manuscript, could you please answer the following questions.
* Please describe how this case report is exceptional or unusual
* Please describe the educational and/or scientific merit of the report
* Does the case report include an up-to-date list and review of all previously published cases in the field?
* ? We will need a copy posted or faxed to this office before we can consider publication of your manuscript.

As we are unable to proceed with peer review until such time as we have an answer to these questions, I would urge you to respond as soon as possible.

Best wishes

Chantal

Chantal Botha

Editorial Assistant, BMC-series Journals

Editorial Department

BioMed Central Ltd

Middlesex House

34-42 Cleveland Street

London

W1T 4LB

UK

Fax: +44(0)2076319923

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