Author's response to reviews

Title: Oesophageal Perforation: A diagnostic and therapeutic challenge in a resource limited setting. A report of three cases

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Dear Editor,

The following have been added in to the manuscript.

1. The antibiotics used were metronidazole and ceftriaxone for the management of mediastinitis.

In case 1, however, following the occurrence of pneumonia after attempted oral feeding,

The choice of antibiotics was changed to gentamycin and Ampicillin.

11. In our center the feeding gastrostomy was instituted by technique described by Stamm.

An Endotracheal Tube size 7 in case 1, size 6.5 in case 2 and size 7.5 in case 3 were used.

This is because we lack the, expensive, standard feeding tubes. The feeds were introduced

Into the gastrostomy tube using a 60millitre syringe. 200 to 300 mills were feed to the patients

Every two to three hours.

111. The feeds consisted of –millet porridge with mashed eggs and peanuts and some milk,
mashed plantain with mashed beans made sloppy by adding milk and occasionally
minced meat and mashed plantain. Sometimes passion fruit juice and fresh milk with sugar was
given between meals.

1v. Gastrostomy can be done under local anesthesia, we agree,
this is easier in Adults than In the young children whom we reported unless the percutaneous endoscopic gastrostomy (PEG) technique is used, it is very scary for the child.
We lack the PEG kits because they are expensive and since the two cases were children we
Felt that open technique under general anaesthesia would be less traumatic for the young
patients.

v. we waited for five days to get the gastrostomy done because the patients had a severe mediastinitis
with a bad pre-operative physiological state that the Anaesthetic nurse deemed a poor risk for
Anesthesia in our setting.

We decided to control the Mediastinitis and sepsis with intravenous antibiotic cover and stopped
Oral feeding to reduce pleural contamination which would further contribute to the sepsis.

During that time intravenous fluids were given, as soon as improvement was noted and the anesthetist
Nurse felt the patient to be less of a risk, the gastrostomy was done.

V1. The first case had symptoms within hours and with in eight hours he was diagnosed.
The second case had symptoms for 18 days as reported in the manuscript.
The third case had a duration of symptoms of 15 days, prior to arrival to our center.

The photos of the condition surely would be good but unfortunately we didn’t take any.

Due to the high patient to nurse ratio the thoracostomy drain output was not regularly recorded and hence was not included in the manuscript because it wasn’t accurate.

I have noted the spelling error of metronidazole.

Thank you very much.

Yours faithfully
Dr. Balumuka deo darius