Author's response to reviews

Title: Chylous ascites associated with chylthorax; a rare sequela of penetrating abdominal trauma: a case report.

Authors:

Joseph M Plummer (joseph_plummer@yahoo.com)
Michael E McFarlane (michael.mcfarlane@uwimona.edu.jm)
Archibald H McDonald (archibald.mcdonald@uwimona.edu.jm)

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Author's response to reviews:

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The Editor,
Journal of Medical Case Reports

Dear Sirs,

We hereby re-submit for publication the manuscript entitled 'Chylous ascites associated with chylthorax; a rare sequela of penetrating abdominal trauma: a case report'. We have addressed the comments by the reviewers and the changes are listed below. In addition minor improvements in the use of English have been made throughout the document.

TITLE PAGE: the E-mail addresses of all contributing authors are included.

BACKGROUND: The second line has been changed to; 'We recently managed a patient with...'

CASE PRESENTATION: Regarding comments made by referee # 2:

1. Regarding the exploratory laparotomy the etiology of the hemoperitoneum was the liver injury (second paragraph, line 2). The patient's presentation to the surgical team was delayed by 14 hours (first paragraph, line 1) so not surprisingly the liver was not actively bleeding at laparotomy thus no surgical repair was necessary.

2. The original case report states in the first paragraph, lines 2-3 that he had a right thoracostomy tube in situ. This was placed by the Emergency Room Team after a clinical diagnosis of a pneumothroax was made. Lines 6-7 of that first paragraph reports that a chest X-ray subsequently done revealed full expansion on both lungs. There was no pleural effusion on initial presentation.

3. On his second admission analysis of the right-sided pleural effusion revealed chyle which was identical in chemical analysis as the peritoneal aspirate (see lines 14-16 of paragraph 3, page 3). A total of 4 liters was aspirated from the
pleural cavity.

4. Unfortunately I cannot locate his chest X-rays and a CT was not done.

The entire manuscript was reviewed and reformatted according to the Journal's specifications.

We patiently await your decision.

Yours truly,

Joseph Plummer