Author's response to reviews

Title: Gigantic hepatic amebic abscess presenting as acute abdomen

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Author's response to reviews: see over
Point by point answer to reviewers

To Serafino Vanella

Q1: There is not light about the hospital stay. The Authors in the case presentation wrote that the total hospitalization was 22 days, but in the abstract they wrote that the patient was hospitalized in ICU for 14 days and for another 14 days in their department.

ANS1: Indeed the reviewer is right. By mistake in the discussion 22 was typed instead of 28. The correct value is 28

Q2: I do not understand: "patients' life".

ANS2: We altered the phrase into “preserving patient’s life” in order to explain that the early diagnosis is very important for the life of the patient

Q3: There are some spelling errors like "dyspnoea" in the case presentation.

ANS3: The word was replaced by dyspnea and grammatical check was redone

Thank you for your very constructive comments
To Erida Nure

**Q1:** I'm not sure about the originality of the case. You must find some other purpose, this case can't be published only because the patient lives in a non endemic country.

**ANS 1:** I was really astonished by the comment concerning the originality of the article. The least of the arguments about originality involves the fact that the patient lives in a non endemic country. Isn't it original to present a case that presents a rupture of an hepatic abscess (occurs in approximately 2% of hepatic abscesses)? [1] Additionally, not only the rupture of the amebic abscess is rare, but also the manifestation of the disease. It is well known [2], that only rarely [in only 10% of the ruptures] the ruptured amebic abscesses present as generalized peritonitis. Furthermore, we don't have to ignore the rarity of the initial presentation of the disease which included only fever and cough as well as moderately impaired liver functions (initial presentation which occurs in 10-15% of the patients) [3]. Moreover, I suppose that the reviewer have seen many pyogenic liver abscesses [amebic or not] that exceeded 14cm, occupying the right lobe of the liver and containing more than 2 liters of pus. If so I can understand that the present article is not original, but according to Chen et al [4] the pyogenic liver abscesses requiring ICU have mean diameters of 5.2cm (SD 3 cm). Finally, concerning associated morbidities it is really rare to find an hepatic amebic abscess, to non-endemic countries, in non-immunocompromized patients, while hepatitis as comorbidity occurs in only 10% of the amebic abscesses.
Dear reviewer, if still after this argumentation you consider that the present case report lacks originality please let me know.

References:


2. Salles JM, Moraes LA, Salles MC. Hepatic abscess Brazilian Journal of Infectious Diseases 2003;7(2):96-110


Q2: Do you use to practice FAST at the moment of admission in ER???

ANS2: Of course we practice FAST at the moment of admission in ER, but I cannot see your point. Why should we practice liver FAST to a patient presenting with cough, low grade fever and night sweats, no plain film findings and with normal (or quite normal [excepting the mild elevation of SGOT, SGPT and LDH enzymes]) laboratory values???