Author’s response to reviews

Title: Synchronous perforation of a duodenal and a gastric ulcer

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Author’s response to reviews:

Dear editor,

First of all we wish to thank you for giving us the opportunity for revision of our present manuscript. Indeed the reviewers’ remarks are significantly important for the paper’s improvement.

In accordance with the constructive criticism and very helpful pieces of advice from the reviewers we prepared a substantial revision. In the revised manuscript we made every effort to meet the criteria raised by the reviewers’ comments. We responded to all reviewer comments point by point (see below). Changes in the manuscript are marked in red. We have also given the appropriate information concerning the patient’s ethnicity (Caucasian-Greek male). We hope that the revised manuscript now meets the demands for publication in your Journal.

Kind regards,

Dimos Karangelis MD, PhD
Chief resident cardiovascular and thoracic surgery.

Response to Reviewer 1:

We tried to shorten the introduction and discussion making it more specific.
We have shortened the discussion regarding the laparoscopic repair of ulcers.
We have renamed the 3rd section. It is now stated as discussion.
We have added a short and firm conclusion as the reviewer instructed.

Response to Reviewer 2:
We have clarified the matter of indications about surgical exploration, agreeing with the reviewer on the subject but have added that hemodynamic instability, signs of peritonitis and free extravasation of contrast material on upper GI contrast studies make the decision for operation more urgent and imperative.

In regard to our diagnostic protocol we have explained that the clinical situation of the patient with the prominent symptomatology and the findings of laboratory control have made the performance of a CT scan superfluous. However in other cases of acute abdomen a CT scan is a part of our protocol.

As concerning Nissen fundoplication we have to state the following. Maybe it was a little risky but with proper lavage of the peritoneal cavity and adequate administration of antibiotic therapy we also dared to perform this operation, sparing the patient a second operation for his long lasting reflux symptoms; this procedure would then have to be performed in a symphytic abdominal environment. In addition, as the patient lived in a remote rural area proper adjustment of medical therapy and the second operation would have been difficult to manage. The results justified our position which however cannot be the rule for other patients in similar circumstances.

We have added the commenced therapy and explained that patient follows the surveillance protocol by our GI colleagues.