Author's response to reviews

Title: Gangrenous Cholecystitis: A surprising finding during an elective laparoscopic cholecystectomy in an asymptomatic patient. : A Case Report

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Version: 3 Date: 31 July 2010

Author's response to reviews: see over
Dear Sir/Madam,

This is Dr. Rima Hussain. I am writing to you regarding the changes we have done to the case report of Gangrenous Cholecystitis.

Our team has thoroughly revised the case report and taken the critiques that you peer review panel has kindly suggested into consideration. So we have made the following changes to the first version of our case report:

1- We have made a thorough revision to the grammar and the style of writing of the whole case report.

2- Answered all the questions that have been risen by the peer review panel (please see page 2 of this covering letter).

We hope that this case report will reach your level of expectations.

With regards,

Yours Faithfully,

Dr. Rima Hussain
Reviewer’s report

Title: Gangrenous Cholecystitis: A surprising finding during an elective laparoscopic cholecystectomy in an asymptomatic patient. : A Case Report

Version: 2

Date: 26 May 2010

Reviewer: Takuya Kimura

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: No

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The author reported a case with gangrenous cholecystitis without symptoms and change of laboratory data
Below are the comments

1. It is difficult to suggest when the acute cholecystitis changed to gangrenous one. Did the author test blood exam after they started conservative treatment for acute cholecystitis or not?
The blood counts were done on 4th day of starting the I.V. antibiotics and were found to be normal with wcc 7.1 and neutrophile 5.05. The bloods were again checked by GP in the interim period and preoperative and were normal

2. It is difficult to detect gangrenous cholecystitis through ultrasound for one time. Through my experience, daily sequential ultrasound is useful to detect the change of cholecystitis from acute to gangrenous one and some papers recommend sequential ultrasound. The author may want a comment on this.

Our patient had a USS a day after admission which revealed a gall bladder shaped echogenic viscus present at the gall bladder fossa with posterior acoustic shadowing. An unenhanced CT scan of abdomen on the seventh day showed gall bladder to be slightly distended, with a few small calcitic stones, the wall of the gall bladder did not appear thickened. No intrahepatic or extrahepatic duct dilatation was seen. There was a small rim of fluid anterior to the surface of the right lobe of the liver, between the gall bladder and the duodenum. There was no clinical suspicion of gangrenous cholecystitis at any time, and his condition settled quickly, he was not scanned again the gangrenous gall bladder was a surprise finding at operation.

3. The gangrenous cholecystitis sometimes developed from gallbladder volvulus. The author find any signs of gallbladder torsion at laparoscopy or not?

The gall bladder had no mesentery and there was no evidence of volvulus of Gall Bladder at time of surgery.

Quality of written English: Acceptable