Author's response to reviews

Title: Ileo-sigmoid fistula and delayed ileal obstruction secondary to blunt abdominal trauma: a case report.

Authors:

Konstantinos Bouliaris (kwstisboool@yahoo.com)  
Dimos Karangelis (dimoskaragel@yahoo.gr)  
Konstantinos Spanos (kostasspanos@meduth.gr)  
Stylianos Germanos (sgermn@meduth.gr)  
Evangelos Alexiou (ealexiou@meduth.gr)  
Anargyros Giaglaras (giagh@yahoo.gr)

Version: 3  Date: 18 July 2011

Author's response to reviews:

Dear editors,

Thank you very much for giving us the opportunity to revise our present manuscript. Indeed the reviewers' comments were crucial and helped us to prepare a much more complete version of our manuscript. As you will find out we followed all the reviewers' requests and corrected all the points. We believe now that we have prepared a better and more complete manuscript than the one we had initially submitted.

With kind regards,

Dimos Karangelis MD, PhD

First of all we fulfilled the additional formatting request by adding the ethnicity of the patient in the case presentation section and abstract section of the manuscript and removing the visible text in Figure 2. Additionally we removed the figure 1 as per reviewer's 2 instructions. We also added 4 more references focusing on the issue of patients who have had free fluid following BAT on imaging and what are our recommendations on the subject. All changes are marked in red.

As far as the reviewer 1 is concerned:

In the introduction part we rephrased the second sentence "In 85% of the cases it is the result of blunt trauma" as the reviewer asked.

In the case presentation we altered the first sentence and third sentence as per reviewer's requests.

We also clarified the matter regarding the value of hematocrit, the vital signs and all the rest of the patient's first admission. As seen in the text the patient was admitted in another department the first time and all he had when he came to us
was just a plain discharge note without many details. On the basis of emergency we could not recover more details about his previous admission. By the term "conservative treatment" we mean that during the patient's first admission he was not submitted to an operation. According to his physicians, (we tried to contact them and asked for extra information) they did not consider the small amount of fluid in the CT a persuasive finding to proceed to an operation and they just monitored the patient. The drop of hematocrit value was attributed to the large hematoma in the subcutaneous fat tissue. Despite our requests they could not recover the patient’s vital signs and regarding the FFP the responded plainly that probably a disturbance in the coagulation rates (INR, PT-PTT ) led them to transfuse the patient. Therefore we erased the sentence " The patient was hemodynamically stable and he had a transfusion with one unit of packed red blood cells and three units of fresh frozen plasma", due to lack of the necessary data.

We have changed the term “gross contamimation of the adjacent peritoneal fat" with "increased density of the adjacent mesenteric fat" which is more clear.

As far as the issue of colonoscopy and a BE is concerned we were misled by the episodes of diarrhea and the loss of weight and we included Crohn's disease in the differential diagnosis. An explain of this is now present in the manuscript.

A laparoscopic exploration was indeed carried out but due to adhesions we converted the operation to laparotomy. It is now stated in the report. The laparoscopic images are available upon request.

We minimized the section on the mechanisms causing fistula formation after BAT and we rewrote most of the discussion part.

We have now changed the statement "...no signs of bowel perforation" in the conclusion as the reviewer instructed.

Reviewer 2: First of all we wish to thank the reviewer for his kind remarks.

We have omitted the first figure and we have abbreviated the report in the discussion part. We have now focused on the patients who have had free fluid following BAT on imaging providing our recommendation on the subject.