Author's response to reviews

Title: Spontaneous resolution of chylos ascites after delivery: A Case Report

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Version: 4 Date: 14 February 2012

Author's response to reviews: see over
Reviewer's report

Title: Spontaneous resolution of chylous ascites after delivery

Version: 1 Date: 2 November 2011

General

In addition, the editorial team would like to request for formatting changes required for your manuscript, as it does not conform to the journal’s style. Kindly address the following:

- Please include the patient’s gender in the abstract section.

We included patient’s gender and it stays as following:

We describe a case of coincidental finding of chyloascitis in a 27 year-old primigravida Middle-Eastern female, found during cesarean section.

- Please insert a separate header for the Case Presentation section.

Done.

- Please include the ethnicity of the patient both in the abstract and case presentation section of the manuscript.

We describe a case of coincidental finding of chyloascitis in a 27 year-old primigravida Middle-Eastern female, found during cesarean section.
Comments to authors:

Which the authors think contributed to the resolution of chylous ascites after the delivery, low fat diet or termination of pregnancy?

We reviewed this issue and we think that resolution of chylous ascites after delivery was contributed by both: low fat diet, which the patient was instructed to follow, and due to termination of pregnancy.

If pregnancy has some relationship with the development of chylous ascites, are there any differences of the ingredients between those in non-pregnant women and those in pregnant women?

No, we don’t think that there is any difference of the ingredients in between pregnant and non-pregnant women.
Comments to authors:
The case description may be abstracted and improved to make it clearer and easier to understand. It should be interesting to show the estimated amount of fluid drained from the abdomen, and comment why it was not detected on the two or more ultrasound performed before the cesarean section on this obese young female.

Author’s response:

Thank you for all suggestions before accepting the paper for publishing.

As you advised, we reviewed a hole case description with a Native English speaker, and we made corrections in a certain sentences to make it more clear. We add the exact the amount of fluid drained. Now, it stays in the text as following:

Total amount of fluid was 480 cc. The patient was discharged home on day seven post op in general good condition.
The patient was obese, and collection of fluid was not visualized during antenatal ultrasound scanning. Ultrasound scan was performed to assess the fetal well being without indication for screening or diagnosing extrauterine organs or possible fluid collection.

There are several typing mistakes ("masses or sions seen on uterus").

We corrected typing mistakes. Now in the paper it stays as:

There were no pathological masses or lesions seen on the uterus, ovaries and fallopian tubes.

Acronims (ECHO) must be explained on the text.

Acronims were written correctly. Now it stays like this:

An echocardiogram was performed showing normal pulmonary pressure, ejection fraction > 55%, and good ventricular function.

Why levels of cholesterol and triglycerides are in SI units and other figures in metric units?.

We corrected all levels of figures to be written in one, unique unit system.
Fluid was sent for several investigations which showed as following: Amylase 23 u/l, Cholesterol 178 g/dl, Triglyceride 21 mg/dl, Albumin 20 g/l, Bilirubin 14 mmol/l, Lipase 15 u/l, and Chilomicrons were negative.
What was the role, if any, played by antibiotics (cephalosporin and gentamicin) on the resolution of the chylous ascites?

We think antibiotics did not play any role in resolution of chylous ascitis. It was started as a prophylactic, as we were thinking that the patient can develop infection (as long hospital stay, having JP abdominal drain...).

The patient was followed up for a short period with ultrasound of the abdomen, an imaging study that has poor results in morbid obese patients. Could the authors comment on this?

Actually, recently we have seen the patient for third time. The follow ups were 15 days, 45 days and 1 year. The patient is asymptomatic and generally in good condition. We mentioned this in the revised paper, as following:

The patient had three follow up appointments after discharge. 14 days, 45 days and one year post operatively. Ultrasound of the abdomen and pelvis showed no collection of fluid. The patient was finally discharged in satisfactory condition and remained so.

The discussion section is good, with a general survey of hypothetical causes of the clinical picture.

But what was the role of the related multiple comorbidities of the patient, obesity included?

We did not find any role of multiple comorbidities in our patient with development of chylous ascites.

The quality of the English text should be improved.

Quality of written English: Needs some language corrections before being published

The paper was reviewed by the Native English Speaker, and corrections were made as suggested.