Author's response to reviews

Title: Acute abdominal compartment syndrome complicating a colonoscopic perforation: a case report.

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Author's response to reviews: see over
Dear Editor,

Title: Acute abdominal compartment syndrome complicating a colonoscopic perforation: report of case.

First I would like to thank you for all these constructive comments
These are the modifications realized in the manuscript, followed by specific answer to every comment of each of the three reviewers.

Section Abstract:
Introduction:
1st ligne “…and remains unknown” was deleted
2nd line” It can be exceptionnaly responsible of an..” was added
Case presentation:
2. 1rst ligne “we report the…” was replaced with “We report a …”
1rst ligne « occuring » was removed
3. 2nd line: “Moroccan man” was changed into “man.”
4. 2nd line: “high rectal cancer” was changed into « rectal cancer »
5. 4th line: “The patient was rescued” was changed into “the patient was treated…”.
6. 4th line: “all” was removed.
8. 5th line: The phrase “He underwent….” Was changed into “an emergency laparotomy with anterior resection was decided, including the sigmoid perforation, followed by immediate anastomosis.

Conclusion:
Section introduction:

1. 1st line « colonoscopic procedures » was changed into « colonoscopy »
2. 2 paragraphs were added to the introduction:

The frequency of perforations after colonoscopy is estimated to be 0,03 to 0,9% for diagnosis and 0,15 to 2% for therapeutic colonoscopy.[2-4] In diagnosis procedures, perforations often result from the pressure on the colonic wall, especially in ones remarked to be “difficult procedure “ by the endoscopist.[5] The diagnosis is suspected often after the visualisation of the extra intestinal tissue. It is well established that Therapeutic colonoscopy are associated with a higher incidence of perforation than diagnosis ones.[4, 6]

The abdominal compartment syndrome (ACS) refers to organ dysfunction that may occur as a result of increased intra-abdominal pressure (IAP)[7, 8] it may be classified as acute primary, secondary or recurrent according to its cause and duration[9, 10]

Section case presentation:

1st line « the » was removed
2nd line « (according to the The American Society of Anesthesiologists Physical Status classification system) » was added
5th line “a second colonoscopy by an expert endoscopist was added”
7th line “including all blood tests, chest X-ray and electrocardiogram” was added
22th line second page, “confirmed and managed” was changed by “Suspected and managed. However, during the intensive care unit no intra abdominal pressure measure was realised »

First line of the third pages “a colo-proctectomy including the perforation with colorectal anastomosis protected by an ileostomy.” Was changed by “an anterior resection including
perforation site in the sigmoid with primary colorectal anastomosis protected by an ileostomy”

Section Discussion:
First line « this » was changed by « a »
The second paragraph was removed
the beginning of the third paragraph was removed
13th line IAP was defined by: which is the pressure concealed within the abdominal cavity
14th line ACS was defined by: by The World Society of the Abdominal Compartment Syndrome as a sustained IAP over 20mmHg associated to organ failure
16th line “the” was changed by “This”
second page of the discussion: this paragraph was added: Applied to IAH, there is a prediction model described by Papavramidis and al showing that there is a linear relation between the volume introduced or extracted from the abdominal cavity and the intraabdominal pressure.[17] This was further supported by drainage of ascetic and pancreatic fluid. [9, 15]
last sentence of the second page: “taking this in consideration » was removed

Section references:
These references were added:


**Response to reviewer 1:**

First, I would like to thank you for your great analysis of the manuscript and your kind remarks and comments.

In the section abstract: all the changes were effectuated as recommended

In section introduction: A more extended introduction concerning perforation following colonoscopy was added with new references

A paragraph concerning the abdominal compartment syndrome was added with new references

In the section case presentation: to be honest with did not perform intraabdominal pressure measuring since the patient was rescued by the needle decompression. In ICU, the patient was under close surveillance till the emergent surgery performed three hours later.

In the section Discussion: the first paragraph was kept to insist on the importance of the case

The second paragraph was removed

A comment about the abdominal compliance due to intraabdominal hypertension was made, according to prediction model described by Papavramidis et al

**Response to reviewer 2:**

First, I would like to thank you for your great analysis of the manuscript and your kind remarks and comments.
In the abstract introduction: colon perforation during colonoscopy and acute abdominal compartment syndrome were connected
in the rest of the abstract, the introduction section and case presentation all the changes were done as recommended
in the discussion section: other references were added to explain the phenomenon

response to reviewer 3
First, I would like to thank you for your great analysis of the manuscript and your kind remarks and comments.
Perforation during colonoscopy complicated with abdominal compartment syndrome is an extremally rare state that was exceptionnaly reported, this is the reason we reported this rare case
in ICU, the patient was totally stable and no additional actions were taken place to resucitate the patient. Except an ICU surveillance, he woke up and was totally stable.
The image 1 was not an ascitis , it was the picture of our patient abdomen.
During the ICU stay no IAP nor APP or X-rays were performed, since emergent surgical exploration of the patient was shuttled
Coloproctectomy was a wrong term,it was corrected by an anterior resection
The manuscript was cheked and revised by an English speaker author

Looking forward to hearing from you soon
Sincerely yours,

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