Author's response to reviews

Title: Intestinal ischemia following laparoscopic surgery

Authors:

Waleed Al-Khyatt (mzxwa@nottingham.ac.uk)
James thomas (drjthomas@gmail.com)
David J Humes (david.humes@nottingham.ac.uk)
Dileep N Lobo (dileep.lobo@nottingham.ac.uk)

Version: 4 Date: 28 August 2012

Author's response to reviews: see over
Response to reviewers’ comments:

We would like to thank both reviewers for their constructive comments. Responses to these comments attached below in red and any necessary changes based on these comments have been highlighted in red (Track changes).

Responses to reviewer 1:

General comments:

1. Only case 2 and case 3 have actually received their 1st surgery in our centre and developed this complication over the last 10 years. It is difficult to give precise percentage as our centre is a very busy tertiary centre with many laparoscopic operations carried every year. Case 3 had his LAGB in a nearby bariatric centre and admitted to our centre with his acute complication as he lives close to the hospital.

2. Author suggestion for changes in the conclusion has been considered in the conclusion.

Specific comments:

1. **Case 1 - line 11:** “..normal superior mesenteric artery pulsation...”. *How about pulsation at the ileocolic artery? Was there embolus lower? Does the patient received LMWH or calf muscle pump during and after the operation?*

   Yes, there was normal pulsation in the ileocolic artery and postoperative histology did not show any occlusion. See discussion paragraph 3 line 9.

2. **Case 2 – line 2:** “..previous transient ischemic attack..”. *Was she on any medication thereafter? Patient’s drug history?*

   Yes, aspirin and it has been added to text

3. **Case 2 - line 11:** “.. there was extensive ischemia of the stomach.”.

   Yes, there was extensive calcification of the aorta and hence its branches. CT finding added to the text. Case 2 line 11.

4. **Discussion, 3rd paragraph, line 7:** “..symptomatic episodes of mesenteric angina have been misinterpreted clinically as symptomatic gallstones..”.

   Well, post prandial abdominal pain secondary to mesenteric atherosclerosis can sometimes misinterpreted as biliary colic in patients with USS confirmed gallstones. That’s why we suggested this alternative diagnosis of patient’s initial presentation and wrongly labelled as symptomatic gallstones.
5. Discussion, 3rd paragraph, line 11: “...similarly, 10 of the 14 patients (71%) previously reported exhibited one or more of the above risk factors.” Is that a case series study? Please give more details or omit the whole sentence.

The above sentence has been deleted.

6. Correction of ischaemia(UK) has been carried out.

Responses to reviewer 2:

General comments:

The mechanism and the pathophysiology CO2 pneumoperitoneum induced intestinal ischaemia have been described in “Discussion – paragraph 2” with relevant references (17-19).

Specific comments:

1. “More specific details should be added regarding postoperative clinical, laboratory and imaging findings for early detection of mesenteric ischemia.”

Detail of these information included in each case presentation.

2. “Specific risk factors for mesenteric ischemia (such as cardiac output state, cardiac arrhythmias, cardiac valvular disease, underlying vasculopathy) should be thoroughly referred in the text, as cardiovascular disease is a general term which does not provide sufficient information.”

We have referred to cardiovascular diseases as a risk factor for intestinal ischaemia, however we have not described every single disease in details as this will be beyond the scope of this case report as the aim of this case report is to raise awareness about this rare complication and how to properly assess high risk group preoperatively.

3. “Information regarding postoperative medications such as LM Heparins should be added”

The required information has been added.

4. “A literature search using Pubmed revealed only 14 relevant case reports with overall mortality of 79%. ....... it would have been useful if the authors share, in a paragraph, their experience regarding cases of mesenteric ischemia after similar selective open procedures in order to express their opinion regarding preoperative selection of high risk patients.”

Our response to this query has been already included above in responding reviewer 1 general comments.

Regards,

Waleed Al-Khyatt