Author's response to reviews

Title: Right hepatectomy due to portal vein thrombosis in vasculobiliary injury following laparoscopic cholecystectomy: a case report

Authors:

Stipislav Jadrijevic (stipislay.jadrijevic@zg.t-com.hr)
Davorin Sef (davorin.sef@gmail.com)
Branislav Kocman (branislav.kocman@kb-merkur.hr)
Anna Mrzljak (anna.mrzljak@gmail.com)
Hrvoje Matasic (hrvoje.matasic@zg.t-com.hr)
Dinko Skegro (dinko.skegro1@zg.t-com.hr)

Version: 2
Date: 13 September 2014

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

Please find enclosed our revised manuscript "Right hepatectomy due to portal vein thrombosis in vasculobiliary injury following laparoscopic cholecystectomy: a case report", MS ID number 1291050603130812.

We have followed reviewers' suggestions and improved the paper.

Regarding remarks of the Editorial:

1. Please include the Ethnicity of the patient in the Abstract and Case presentation sections.

2. Please change the description of the patient's gender to ?female?.

3. Please include a list of abbreviations used in the manuscript and their meanings after the Conclusions section.
We also ensure that our revised manuscript conforms to the journal style (http://www.jmedicalcasereports.com/info/instructions/) and that our files are correctly formatted.

1. We included the Ethnicity „Caucasian“ of the patient in the Abstract and Case presentation sections as Editorial team requested.
2. The description of the patient's gender is female.
3. We included a list of abbreviations used in the manuscript and their meanings after the Conclusions section as Editorial team requested.

Regarding remarks of the first reviewer:

Title: Right hepatectomy due to portal vein thrombosis in vasculobiliary injury following laparoscopic cholecystectomy: a case report

Version:1 Date:7 July 2014

Reviewer: Giovanni Vennarecci

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

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:

English should be improved.

- We have checked and extensively edited written English in the whole manuscript and coloured with yellow as reviewer requested.

In the discussion section: Please comment on that injuries to bile duct and liver vessels are due to mistakes in dissections and that careful dissection around the neck of gallbladder is the best way to avoid them.

- We have added the comment in the discussion section as reviewer requested and discussed the most often mistakes in dissection as follows and added a reference:

“Injuries to the bile duct and liver vessels may occur due to mistakes in dissection, so its identification and careful dissection around the neck of gallbladder is the best way to avoid them. Common bile duct or aberrant right hepatic ducts are most often misidentified as the cystic duct. The most dangerous biliary anomaly is the cystic duct that runs along the side of a low-lying aberrant right segmental duct. Most commonly this is the right posterior hepatic duct, occurring in 2.5–8 % of patients, which drains liver segments 6 and 7 [3]. Therefore, performing meticulous dissection around the
gallbladder neck and cystic duct before clip placement enables visualization of any variant anatomy.”

Please also write about the importance of biliary anatomy and anomalies of bile duct.

• We have included the comment about the importance of biliary anatomy and anomalies of bile duct as reviewer requested in the introduction and discussion section referring to added reference 3 published by Babel N et al. as follows:

“Biliary tree anomalies present in up to 25% of patients [3], and may lead to anatomical misidentification and technical problems that contribute to the development of these injuries.

Common bile duct or aberrant right hepatic ducts are most often misidentified as the cystic duct. The most dangerous biliary anomaly is the cystic duct that runs along the side of a low-lying aberrant right segmental duct. Most commonly this is the right posterior hepatic duct, occurring in 2.5–8% of patients, which drains liver segments 6 and 7 [3]. Therefore, performing meticulous dissection around the gallbladder neck and cystic duct before clip placement enables visualization of any variant anatomy.


Please also comment why you needed to reconstruct the portal vein using a vein graft instead of doing a thrombectomy of portal vein during the hepatectomy.
We have added the comment why we needed to reconstruct the portal vein using a vein as reviewer requested in the case presentation and discussion section as follows:

„Due to the distal portal vein thrombosis and portal vein suture ligatures (above the splenomesenteric confluence) reconstruction with cadaveric iliac vein allograft was performed.

In our case, portal vein resection and reconstruction using a vein graft had to be performed due to partial iatrogenic injury and thrombosis of portal vein.“

Regarding remarks of the second reviewer:

Reviewer's report

Title: Right hepatectomy due to portal vein thrombosis in vasculobiliary injury following laparoscopic cholecystectomy: a case report

Version: 1 Date: 13 August 2014

Reviewer: Athanasios Marinis

Which of the following 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?: Yes

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?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

A dreaded complication and its management of a routine procedure is reported. Authors should provide the CT image (with the abscess), an intraoperative photo showing the reconstruction of the portal vein, as well as the cholangiography via the T-tube.

• We have provided the CT image as reviewer requested and added in the case presentation and figure legends section as follows:

„Figure 3. Abdominal CT image showing large right liver lobe abscess accompanied with perihepatic and interintestinal biloma."

We agree with the reviewer that it would be more interesting to provide an intraoperative photo showing the reconstruction of the portal vein, as well as the cholangiography via the T-tube, but unfortunately we don’t have any intraoperative photo and we can not provide the cholangiography photo as we have a written documentation of the cholangiography but without images as it was performed in a foreign hospital in a neighbouring country.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests: I declare that I have no competing interests

We hope this paper will now be accepted for publication in your esteemed Journal.

Yours sincerely,

Davorin Sef, MD

Zagreb, 12th September 2014

Jadrijevic Stipislav, MD PhD
Department of Surgery, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail stipislav.jadrijevic@zg.t-com.hr

Sef Davorin, MD
Corresponding author
Department of Surgery, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail davorin.sef@gmail.com

Kocman Branislav, MD
Department of Surgery, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail branislav.kocman@kb-merkur.hr

Mrzljak Anna, MD PhD
Department of Medicine, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail anna.mrzljak@gmail.com

Matasic Hrvoje, MD
Anesthesiology and Intensive Care, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail hrvoje.matasic@zg.t-com.hr

Skegko Dinko, MD PhD
Department of Medicine, University Hospital „Merkur“
Zajceva 19, 10 000 Zagreb (Croatia)
e-mail dinko.skegro1@zg.t-com.hr