Author’s response to reviews

Title: Multidisciplinary approach in an unusual presentation of locally advanced gastric cancer. A case report.

Authors:

Nicola Carlomagno (nicola.anita@tiscali.it)
Fabrizio Schonauer (fabrizio.schonauer@unina.it)
Vincenzo Tammaro (vincenzo.tammaro@unina.it)
Annalena Di Martino (annalena.dimartino@gmail.com)
Carmen Criscitiello (carmen.criscitiello@ieo.it)
Michele L Santangelo (misantan@unina.it)

Version: 6 Date: 4 December 2014

Author’s response to reviews:

We read this new comment done by EK, who stated that there are limits to what cases we should operate on.

As we already said we thought to have no different choices.

We couldn’t leave the patient with an active tumor, with the fistula and with such a huge defect of the abdominal wall. Our decision was the result of a meeting among oncologists, general and plastic surgeons, so it was a collegial decision. We are strongly persuaded that by definition a tumor fistula WILL NEVER HEAL considering that the lesion, at that time, already eroded a good portion of the abdominal wall, and healing of the leak would be unlikely or during years (certainly longer than life expectancy) with poor life quality.

We read the comments of TSP and are honored for his kind words.

In our case and the pathophysiology of the patient is quite different to that described into the articles mentioned by the author. At the time we observed the patient there was no elevation of intraabdominal pressure (the lesion already eroded a relevant part of the abdominal wall) and no ascetic fluid. At the same time the therapeutic solution adopted did not determine an elevation of intraabdominal pressure.

We listened to your advice and added a reference to IAP bringing your experience.