Author’s response to reviews

Title: A Rare Case of Pericarditis and Pleural Empyema Secondary to Transdiaphragmatic Extension of Pyogenic Liver abscess

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Point-by-point response letter

Technical Comments:

1) Please clarify if the patient gave written informed consent for publication or verbal consent for publication and please clearly state this in the Declarations section.

Thank you for your comments. We have inserted “The patient gave informed consent for publication.” In the consent for publication section.
2) Please make sure you Availability of data and materials statement is in line with our editorial policies https://www.biomedcentral.com/getpublished/editorial-policies#availability+of+data+and+materials.

Thank you for your comments. We have added “The data used in the current study are available from the corresponding author on reasonable request.” In Availability of data and materials section.

Reviewer reports:

Galya Ivanova Gancheva (Reviewer 1): 1) The problem in the discussed theme is well described in Background. The authors gave arguments for the importance of pyogenic liver abscess (PLA) followed by pericarditis pleural empyema for the clinical practice.

Thank you for your comments.

2) The study is with good design. The aim is defined clearly - to report a case with mentioned above clinical manifestations and to review pertinent English literature on pericarditis as a complication of PLA.

Thank you for your comments.

3) The case is described precisely. The authors showed not only the clinical manifestations and their evolution. Paralelly, they described the management and treatment of the reported case. It is easy for the reader to imagine the described clinical "situation". There are four figures for visualization of CT scan findings and surgical operation. There is need of arrows on the figures for better understanding (if is technically possible).

Thank you for your comments. We have added arrows on the figures and changed figure legends for better understanding.
4) The Discussion explains therapeutic measures and compares here presented case with other cases reported in the literature. Clinical and microbiological aspects are discussed comparatively.

\Thank you for your comments.

5) The Conclusion is correct and obtained directly from the outcome of reported case. It is emphasized finally: "Early diagnostic evaluation, using chest CT or transthoracic echocardiography, and immediate treatment, including pericardiocentesis or pericardiotomy and abscess drainage, combined with intravenous antibiotics can lower the risk of patient death."

\Thank you for your comments.

6) The statements about Ethical Approval, Availability of data and material, Competing Interests, Funding, Authors’ Contributions and Acknowledgements are given in the structure of the paper.

\Thank you for your comments.

7) The authors show 19 References and 47% (9/19) are from the last ten years (six - from last five years). The sources are cited correctly.

\Thank you for your comments.

8) The Table is clear and understandable. There is need of arrows on the figures for better understanding (if is technically possible).

\Thank you for your comments. We have added arrows on the figures and changed figure legends for better understanding.
9) The English grammar and style are acceptable according to the requirements of scientific writing.

Thank you for your comments.

Jiun-Ling Wang, M.D. (Reviewer 2): Cho et al described a case of pericarditis and pleural empyema secondary to transdiaphragmatic extension of pyogenic Liver abscess. This case report is well written and mention important points which help clinician to aware the dangerous complication of liver abscess.

I have some suggestions.

(1) Table 1 showed thirteen cases of pericarditis complicated by pyogenic liver abscess in English literature. The reader may be interested about what is the role (prevalence) of K. pneumoniae in bacterial pericarditis. I suggested the author give some description about the prevalence/epidemiology of bacterial pericarditis.

We agree with your comments. We have added the prevalence of K. pneumonia in pyogenic liver abscess. Also, we have added the prevalence and epidemiology of bacterial pericarditis (page 8, line 9~17).

(2) If possible, may add some discussion about pathogenesis of bacterial virulence of K.pneumoniae. (e.g. Yu et al has reported a case of KP pericarditis related to capsule genotype K1 in Diagn Microbiol Infect Dis. 2009 Mar;63(3):346-7.)

Thank you for your valuable comments. We have added that K1 strains of K. pneumoniae are highly virulent and associated with metastatic infections. We also have explained the reason for such a high virulence (due to hypermucoviscosity, high-level resistance to phagocytosis, and resistance to complement deposition) (page8, line 19~ page9, line 5).