Author's response to reviews

Title: Acute Bowel Obstruction with an Isolated Transition Point in Peritoneal Dialysis Patients: A Presentation of Encapsulating Peritoneal Sclerosis?

Authors:

    Sassan Ghazan-Shahi (s.ghazanshahi@yahoo.ca)
    Joanne M Bargman (joanne.bargman@uhn.ca)

Version: 3
Date: 26 June 2015

Author's response to reviews: see over
June 18, 2015

Title: Acute Bowel Obstruction with an Isolated Transition Point in Peritoneal Dialysis Patients: A Presentation of Encapsulating Peritoneal Sclerosis?

Authors:
Sassan Ghazan-Shahi, MD FRCPC
Joanne M Bargman, MD FRCPC

Dear Editor,

Thank you for considering our paper for publication in the BMC Nephrology journal. Please find below our response to the reviewer’s comments. We have revised our manuscript accordingly.

Please do not hesitate to contact us should you require further information.

Sincerely,

Sassan Ghazan-Shahi MD FRCPC
Reviewer's report

Title: Acute Bowel Obstruction with an Isolated Transition Point in Peritoneal Dialysis Patients: A Presentation of Encapsulating Peritoneal Sclerosis?

Version: 2 Date: 14 June 2015

Reviewer: Michiel Betjes

Reviewer's report:

Major compulsory revisions.

1. EPS is associated with peritoneal membrane failure. The authors should therefore provide more details on the functionality of the peritoneal membrane with regard to ultrafiltration capacity and transport status.

   Thank you for your suggestion. We have added the initial PET results on both patients. We do not routinely repeat these tests thereafter. Therefore there is a long vintage between the PET and the bowel obstruction.

2. The authors should provide details on the inflammatory status of the patients, e.g. C-reactive protein concentration, albumin levels etc.

   We have added the requested information in the manuscript.

3. Several studies (e.g. Tarzi et al.) have addressed the presence of typical radiological findings for EPS on abdominal CT scanning. Please use these criteria (peritoneal membrane thickening, calcifications etc) to score the images of both patients.

   Thank you for pointing this out. We understand that the scoring system applies to classic forms of EPS, and we think this may not apply to our cases, as we describe atypical forms of this condition.

4. The discussion should include a part in which the therapeutical options should be discussed. Generally speaking, a conservative approach with resting the bowels is preferable but on the other hand the localized form of EPS is much more suitable for a surgical approach (if resting does not help or obstruction recurs often). Should PD be stopped or can it be continued?

   We added the discussion regarding the management.

5. Strictly speaking, there is no formal evidence for the diagnosis of EPS in case 1. This should be acknowledged in the revised manuscript.

   This was added in the revised manuscript.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests

**Index of changes:**

Lines 76-78: PET results for case-1 added.

Lines 88-89: inflammatory markers for case-1 added.

Line 104: PET result for case-2 added.

Lines 116-118: Inflammatory markers for case-2 added.

Line 132: The sentence “although surgical exploration was not performed in our first case” added.

Lines 137-142: The discussion about management added.