Reviewer’s report

Title: Abdominal wall complications following renal transplantation in adult recipients – factors associated with interventional management in one unit

Version: 0 Date: 10 Nov 2018

Reviewer: Markus Rentsch

Reviewer's report:

The paper of Lau and co-workers addresses the common problem of abdominal wall complications in immunosuppressed patients, in particular following renal transplantation.

The authors identified in their work that interventional management, such as surgical operative revision was likely in the presence of fascia dehiscence or fluid collections, whereas negative pressure wound therapy (NPWT) was more likely to be used in diabetic patients, in the presence of a complete fascial dehiscence and/or signs of wound infection.

The work is rather descriptive, and to my understanding a rather high overlap of the different clinical situations exist, which indicate the necessity of operative revision or the requirement of NPWT. Given this inevitable inaccuracy while treating abdominal wall problems (which are infection triggered in most of the cases, no matter what) the stratification in table 1 and 3 appear somewhat arbitrary and non conclusive.

If the authors would like to emphasize the clinical factors indicating the requirement of NPWT, a clear intention-to-treat analysis with defined clinical parameters defining the indication groups of operative revision and NPWT should be inserted in the manuscript. It remains unclear under which conditions the decision towards one or another therapeutic regimen was taken.

Furthermore, the authors mention, that the treatment interval with NPWT was 35 days in the present study, which is longer than the therapy intervals from other studies, and in addition far longer as the interval i.e. we are used to in my institution. Thus the authors should mention, what the indicators were to end the therapy. Was NPWT applied until complete over granulation of the wound ground, or was the option taken to surgically adapt the wound edges after macroscopically cleaned wound grounds? This difference in NPWT management might be a reason for the very long therapy intervals.

Minor: the discussion section is written very detailed and might be shortened.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

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No

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Not relevant to this manuscript

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