Author’s response to reviews

Title: Current Approaches in the Surgical Treatment of Liver Hydatid Disease

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Author’s response to reviews:

Editor Comments:

Nice work. I think it is a nice paper worth publishing if you can address the issues raised by the reviewers

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- Thank you for your review.

Reviewer reports:

Louise Barbier (Reviewer 5): I thank the authors for their modifications. However, there is still mention of male and female in the abstract and in the result section.

-We excluded male and female in the abstract and in the result section as your suggested.

- Thank you for your review.
Florin Botea (Reviewer 6): The topic is interesting, especially due to the analysis of laparoscopic approach.

The paper is well-written, in good English. However, considering the revised form, I consider that there are still some issues to be addressed:

- "Single center experience" should be added to the title
- We added single center experience to the title.

- the abstract should be modified, as the results should focus on the comparison between laparoscopy and open surgery (results stated in page 10, line 1-35), and, in this way, sustain the conclusion that states "Compared to open surgery in the treatment of liver hydatid cysts, we have shown that laparoscopic method can be safely performed..."

- We added in the abstract result section ‘‘Since 2012, we have changed our operation type selection to laparoscopic surgery’’ (page 2 line 19-20) and ‘‘There were no statistically significant differences concerning age, gender, ASA classification, anatomic site or Gharbi classification in patients undergoing laparoscopic and open surgery’’ (page 2 line 25-27).

We deleted the states ‘‘Most of the open surgical techniques for hepatic hydatid cysts can be performed laparoscopically, which is the conventional surgical intervention’’ in the abstract conclusion section.

- terminology that needs to be clarified: "partial and total pericystectomy" (page 4, line 42), and "Radical surgical procedures included total cystectomy (...) or total cystectomy (...)" (page 6, line 47-51).

- We clarified: "partial and total pericystectomy" and "Radical surgical procedures included total cystectomy or total cystectomy” in page 4 line 24-29, in ‘‘operative strategy’’ subsection.

In conclusion, I consider that the paper should be published after minor revision.

- Thank you for your review.
Arianna Birindelli (Reviewer 7): Please find my comments and suggestions embedded in the file attached

-We added the statement”’ Although there was no intrahepatic subcapsular hematoma in any of our patients; the development of subcapsular hematoma in patients suffering from abdominal pain after surgical operation of the liver hydatid cyst should be kept in mind especially if anticoagulant drug and non-steroidal anti-inflammatory drug use or capsule laceration present in the operation”’ in the discussion section(page 11, line 1-5).

-Thank you for your review.

Aali Sheen (Reviewer 8): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

1) This is retrospective review of a single centre case series spanning a period of 10 years for hydatid disease in the liver

-This is retrospective study of a single centre experience in a period of 10 years.

2) A comparative analysis of open v lap is the hypothesis but there are no results to exactly look at this aspect of the study.

- The mean duration of operation, blood loss, the duration of hospitalization was statistically lower in patients who underwent laparoscopic surgery.

-No wound infection was observed in any patient who underwent laparoscopic surgery while wound infection occurred in 3 open surgical patients.

-Recurrences were detected in 2.7% (1 patient) of patients undergoing laparoscopic surgery and 4.7% (1 patient) of those undergoing open surgical procedures.

-We have shown all the advantages of minimally invasive surgery in our results.

3) Segments I & VII of the liver affected with Hydatid disease were not operated on by the lap technique, so in this light any tumours in I & VII operated on in the open arm should be excluded in any comparative analysis.
In our study, we did not compare patients with cystic hydatid at segment 1 or 7 underwent open surgery to patients with laparoscopic surgery. Because we have not included these patients in the study due to not performing laparoscopic surgery in these patients.

4) A matched paired analysis should be carried out which will carry much weight to the data. 
https://www.jmp.com/support/help/14/matched-pairs-analysis.shtml

In this data, two univariate independent groups were used; multivariate analyzes were not used because of no statistical difference in the variables such as recurrence, mortality and morbidity.

5) Median values should be used instead of mean for blood loss, operation time etc as mean values do not give a true reflection in comparative data.

- Median values is used instead of mean for blood loss, operation time etc instead of mean values as your suggestions.

6) Why do you need an ERCP which is an invasive test to confirm a biliary cyst communication as surely an MRCP would suffice.

- In our clinic, it is generally agreed that endoscopic retrograde cholangiography (ERC) is indicated for patients with biliary fistulae and jaundice, as well as for preoperative intrabiliary rupture that is suspected clinically, biochemically or radiologically.

- Sixty patients with suspected cysto biliary communication were diagnosed with MRCP on clinical, biochemical and radiological basis. ERC(including patients who underwent MRCP) was used for therapeutic and diagnostic purposes in 10 patients.

7) ERCP patients - were any jaundiced? was a stent left in.

- Three patient had a jaundice in ERC patients and stent was left in two months.

8) perhaps with more robust data, a treatment algorithm could be established.

- In our clinic, we applied the treatment algorithm in figure 1.

-Thank you for your review.

Yinfeng Shen (Reviewer 9): Comments for the author:

1 "Abstract" in "Manuscript Draft" is different from "Abstract" in "Main Manuscriptt".

-We changed abstract in revised manuscript as suggestion of reviewers.

2 Can the keyword be abbreviated?
- We changed “Laparoscopy” instead of “Laparoscopic surgery”, “Biliary communication” instead of “Cysto-biliary communication”.

3 The format of all tables do not meet the requirements.

- We changed tables according to the requirements.

- Thank you for your review.