Author's response to reviews

Title: Mesh penetrating the cecum and bladder following inguinal hernia surgery: a case report

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Version: 2 Date: 16 Jun 2017

Author's response to reviews:

Dear Editor and Reviewers

Thank you very much for conducting a peer review and pointing out a number of issues pertaining to our research paper entitled “Mesh penetrating the cecum and bladder following inguinal hernia surgery: a case report.”

As shown below, we have modified the content, and would appreciate your further review.

Reviewer reports:

Reviewer #1: English of manuscript is blunt to read

We have again revised the entire text.

- Please rewrite introduction otherwise it is unintoductory
Introduction does not have introduction of mesh migration and its incidence, predisposing factors and its complications, then expand all it in discussion

- What is because a disadvantage.....
In addition, complications caused by adhesion to peripheral organs and migration have been reported.

What is "intestinal fluid fistula"?

Please avoid terms like we etc.

In response to your comments, we completely revised the entire Background section.

Line 21: please delete word "because"
We deleted the word “Because.”

Line 23: in place of noted, recorded would be better term
We revised this part and replaced the term “noted” with “recorded.”

Do authors have excluded any connective tissue disease
We did not conduct any research related to connective tissue diseases.

Line 18, it should be "was" not is
We revised the text and replaced “is” with “was.”

YOUR SURGICAL FINDINGS NEED TO GIVEN IN SIMPLE LANGUAGE AND IN DETAIL, TO BE EASILY UNDERSTANDABLE
We have again revised the entire text.

-shadow of a..... what term is this
We have deleted the phrase “shadow of a.”

Reviewer #2: About the paper "Mesh penetrating the cecum and bladder following inguinal hernia surgery: a case report".

The authors presented a well detailed case report about a patient with a migration of a prostesis inside the cecum and in contact with the bladder.

The reviewer would like to thank the authors for this article, and offer a few comments and questions.

- English should be revised
We have again revised the entire text.

- What do you mean by "intestinal fluid fistula"? [Page 3 - Line 9]

We deleted this phrase because of the corrections we made to the “Background” section.

- Did you administer antibiotics to the patient?

As treatment for epididymitis, antimicrobial agents were initiated the day before surgery, and were continued postoperatively for one week.

- How could you identify a swelling of the left epididymis using an echocardiography? [Page 4 - Line 6]

Ultrasound images showed that the left epididymis was markedly enlarged (19 × 40 × 16 mm), and the internal echo pattern was uneven, with an increased blood flow signal. Thus, the patient was diagnosed with epididymitis.

- I do not understand why you created a temporary bladder fistula. [Page 4 - Line 15]

The patient's epididymitis was believed to be due to chronic urinary tract infection. Placement of an indwelling urinary catheter was necessary in order to perform a partial cystectomy. However, because the presence of a catheter in the urethra was a contributing factor for the persistence of urethritis, cystostomy was carried out instead.