Author’s response to reviews

Title: Recurrent retroperitoneal abscess after biliary tract surgery in an elderly patient: a minivasive non-surgical approach and its consequences. A case report

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Author’s response to reviews:

To: Prof. Michael Kidd

Editor-in-Chief

Journal of Medical Case Reports

Subject: Resubmission of the manuscript n. JMCR-D-18-00482 entitled "Recurrent retroperitoneal abscess after biliary tract surgery in an elderly patient: a minivasive non-surgical approach and its consequences. A case report"

Dear Prof. Kidd,

Thank you for giving us the opportunity to resubmit our manuscript after the peer review process.
We modified the text of the manuscript in accordance with the reviewer’s requests. All modified parts are underlined in yellow. Below this message you will find a point-by-point response to the reviewers’ comments.

In our opinion, the manuscript has benefited very much from the peer review of your Journal and we want to thank you once again for that. We hope the manuscript is now acceptable for publication.

Best regards,

The Corresponding Author

Vincenzo Davide Palumbo

Author point-by-point reply to Reviewer’s Comments

Reviewer 1 (R1) Comment #1 (C#1): I appreciate authors for making necessary alterations in the manuscript. I request authors to review this paper published in American Journal of Medicine (https://www.amjmed.com/article/S0002-9343(08)00040-5/pdf).

With all due respect, I think something is being missed in the treatment and an initial wrong diagnosis is pursued for long time which might not be able to answer all the questions. If we try to explain all the events with one diagnosis then it is difficult to pursue Hepatic abscess (as mostly recurrence of abscess could be either due to continued leakage of bile with distal obstruction, or immunosuppressive condition of patient with re-activation of latent infection).

These all findings could possibly be explained by an infection which has an insidious onset and difficult to diagnose even after a strong suspicion.

Bilateral pleural effusion could be reactive in liver abscess or sometimes empyema is caused by rupture of liver abscess in the pleural cavity, but tracking of abscess to retroperitoneal area could be due to vertebrae involvement. Authors mentioned about chronic antibiotic treatment and poor health of patient (also suspected on imaging) also support diagnosis of chronic persistent infection.

Tuberculosis bacteria cultures are clinically sterile most of times, and other test like Real Time PCR, Solid medium "Ogawa medium", IGRA test - interferon gamma release assay, tuberculin test etc. It also becomes strong suspicion when abscess is recurrent without a pathogen. Typically, all presentation could happen in tuberculosis explained in this case report including
delayed lumbar hernia when patient has destruction of vertebra and scoliosis (appears on CT image attached).

Please review this case one more time if possible (images) and available patient chart.

Kindly also mention the natural history of patient with hernia so far. Thank you very much.

Author Reply: We thank the reviewer for this comment. The manuscript was modified underlining reviewer’s doubts. There are no images supporting the initial diagnosis of liver abscess, because abdomen CT was performed at another hospital, here in Palermo. We understand the position of the reviewer, but, for the specific case, we can only agree with what our radiology colleagues described. Patient cholecystectomy was the beginning of entire clinical case; the presence of the hepatic abscess and the concomitant pleural effusion, few months after cholecystectomy, was precisely documented by abdomen US and CT. Apart from the exact cause of the clinical picture, we have no doubts about the predisposing cause: cholecystectomy. However, we remain available for any further clarification.