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,

Vincenzo Davide Palumbo

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

Reviewer 1 (R1) Comment #1 (C#1): Additional revisions are needed.

Add a paragraph at the end of the Introduction that explains why this case report is presented (what is unique and adds to the medical knowledge)

More information is needed:

The case report should include past medical, social, environmental, family and employment history.

What medications was the patient receiving prior to diagnosis? Did the patient smoke, and/or consume alcohol?

Each admission should start in a new paragraph.

Give detailed physical and neurological examination on each admission admission. What was the pulse, blood pressure and temperature, on admissions?

Give each antibiotics given with duration, route and dose.

Give the doses of all medications that were given and their doses.

Give all results of the microbiology of blood and aspirates of the liver or abdomen on each admission. How were cultures collected, transported and cultivated for aerobic, anaerobic
bacteria, and fungi? Were blood culture obtained? The abscess of any microbiological information is a major flaw of this report and is necessary to evaluate the patient.

Show several representative X ray and scans throughout the admissions.

Discussion – add a paragraph at the beginning of the Discussion that summarizes the case and describes what is unique in this case compared to what is available in the literature.

Author Reply: We thank the reviewer for this comment. The manuscript was modified underlining reviewer’s doubts. All modifications are highlighted in yellow. 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. The fluid collection was difficult to manage, recurring three times in three years without a precise cause. Interestingly, the second episode occurred three years after the first, which was treated successfully with a non-invasive approach. However, the radiological drainage represented the most effective treatment, determining a complete resolution of the clinical picture after recurrences. After the last drainage (October 2017) the patient had a complete recovery and, up to now, no new sign of liver or retroperitoneal fluid collection have been registered. Probably, the recurrent character of the abscess could be considered the primary cause of the right lumbar hernia, which could be considered the last, unusual, evolution of this strange and rare case. The absence of a precise microbiological cause, is not imputable to a poor diagnostic management, but, on the contrary, it could be related to the actual effectiveness of radio-guided procedures for diagnostic decisional process (fluid aspiration, percutaneous biopsies), currently debated by international scientific literature. Attached you can find further images of the case.