Reviewer’s report

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

Version: 1 Date: 01 Dec 2018

Reviewer: Mohit Garg

Reviewer's report:

1. Do you believe the case report is authentic?  
Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.  
Comments: No Ethical Concerns at this time.

3. Does the Introduction explain the relevance of the case to the medical literature?  
Possibly

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
d. Diagnostic assessments, including:

- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?
Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.
Yes/No

7. Is the Abstract representative of the case presented?
Comments:

8. Does the case represent a useful contribution to the medical literature?
Comments:

9. Additional comments for the author(s)?

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 lumber 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.

**Level of interest**

Please indicate how interesting you found the manuscript:

An article of importance in its field

**Quality of written English**

Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited
Declaration of competing interests

Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.

Were you mentored through this peer review?

No