

February 8, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14163-edited x.doc).



**Title:** Conservatively managed case of type 2 gallbladder perforation in a child

**Author:** Dikshit Vishesh, Gupta Rahul, Kothari Paras, Gupta Abhaya, Kamble Ravikiran, Kesan Krushnakumar

**Name of Journal:** *World Journal of Clinical cases*

**ESPS Manuscript NO:** 14163

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer as given below

Comments by reviewer 00071501:

1. Many grammatical and spelling mistakes.

Reply: Sorry for the mistakes, and thank you for pointing them out. The grammatical and spelling mistakes have been corrected.

2. Why was not an USG done in a child with 12 days duration of symptoms of sepsis at first presentation?

Reply: It is mentioned in the case report that USG was done on admission and again after 2 days.

3. USG /CT diagnosis of sealed GB perforation without peritonitis can be managed conservatively.

Reply: The patient had localized abdominal guarding in the right hypochondrium and was febrile. His gallbladder was hugely distended even on follow up USG and he was not responding to conservative management. To avoid further complications like multiple perforations and gallbladder necrosis we decided to intervene in the form of percutaneous tube cholecystostomy.

4. Per cutaneous cholecystostomy in a distended GB with sludge and symptoms is a well established procedure. There is nothing new in this case report.

Reply: Percutaneous tube cholecystostomy is an established procedure for treatment of acute cholecystitis and interval cholecystectomy is usually advocated in such cases. In this case we used the technique to treat gallbladder perforation and managed to avoid cholecystectomy thus conserving the organ.

Comments by reviewer 00044289

This is an interesting case history. However, the present version of the manuscript should be extensively reconsidered, to improve scientific content and to provide elements that can add to the current knowledge on this clinical situation. A few suggestions; -

1. The references should be evaluated (e.g. ref #1 should not be the only reference for several assumptions made by the authors). References should be mainly related to children.

Reply: Required references have been added [reference No. 9]

2. The description of the case should be shorter and more focused - several typos should be corrected.

Reply: The typos have been corrected.

3. The authors should try to bring up any clues of importance which make a difference for the management of children as compared to adults with this condition - are there any differences...?

Reply: The incidence of GBP is less in children as compared to adults, nonetheless similar management guidelines are followed for both.

4. Why did you do request a HIDA scintigraphy? Was it useful for the decision-making?

Reply: Tc99m-HIDA scan was done to look for the functional integrity of the biliary outflow tract and had helped us in deciding to conserve the gallbladder as opposed to interval cholecystectomy.

5. Was MRCP considered or available?

Reply: Tube cholecystogram done after a week showed free flow of contrast into the bowel, without any obvious outflow obstruction hence MRCP was not deemed necessary.

6. What are your indications for elective cholecystectomy ( after some few weeks...) in children with this condition, was surgery considered ?

Reply: In this case as discussed cholecystectomy was not considered as there was no evidence of gall stones and HIDA scan showed properly functioning bile outflow tract.

7. The manuscript should conclude with one or two learning points/take-home messages which may help fellow surgeons / the readers.

Reply: Same has been added.

Comments by reviewer 02574385

Interesting treatment of gallbladder perforation in a child. The authors should specify the dosage and duration of antibiotic therapy.

Reply: Same has been added.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical cases*.

I have made the required changes in the article as follows:

1. Re-arranged the reference list.

2. Updated the "comments" section and split it as per your requirements.

3. All the authors have reviewed the article in regards to language and content and have found both to be up to date.

Thank you

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