

February 25, 2014

Lian-Sheng Ma, President and Editor-in-chief
World journal of Gastroenterology

Dear Dr. Lian-Sheng Ma:

Please find enclosed the edited manuscript in Word format(file name:7611-review.doc).

Title: Appendicitis with psoas abscess successfully treated by laparoscopic surgery

Author: Yasunori Otowa, Yasuo Sumi, Shingo Kanaji, Kiyonori Kanemitsu, Kimihiro, Yamashita, Tatsuya Imanishi, Tetsu Nakamura, Satoshi Suzuki, Kenichi Tanaka, Yoshihiro Kakeji

Name of Journal: World Journal of Gastroenterology

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We revised the manuscript, based on your comments, and details are given on a separate sheet. We thank you kindly for your suggestions which have no doubt served to improve the paper. We look forward to a publication of our manuscript in World journal of Gastroenterology as a 'Case Report'.

Sincerely yours,

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Thank you kindly for the constructive comments, and for the time taken to review our report. We revised the manuscript, based on your comments as follows.

To Reviewer :

Question 1

The antibiotic given to the patient.

Many antibiotics were given before visiting our hospital. After visiting our hospital, he was first given amoxicillin (AMPC) 1250 mg/day and potassium clavulanate (CVA) 125 mg/day orally which were recommended by infection control physician. However after the pus was observed from the right inguinal region, we changed the antibiotic to sulbactam sodium/ampicillin sodium (SBT/ABPC) 12000 mg/ day by intravenous approach. SBT/ABPC was given until the 14th day after operation. Since the infection was under control, we changed the antibiotics to AMPC 1500 mg/day and CVA 375 mg/day by oral.

The sentence as below was added in P5, lines 10-12.

The patient was given sulbactam sodium/ampicillin sodium (SBT/ABPC) 12,000 mg/day intravenously until the operation and was in stable condition during this time.

The sentence in P6, lines 5-8 was modified as below.

SBT/ABPC was given continuously after the operation. The antibiotics were changed to the oral intake of amoxicillin (AMPC) 1500 mg/day and potassium clavulanate (CVA) 325 mg/day for a total of 4 weeks after the operation because the postoperative course was uneventful.

Question 2

The bacteria samples taken during the intervention.

We regret to tell that the bacteria samples were only taken from the right inguinal pus. From the pus, citrobacter amalonaticus, pseudomonas aeruginosa, enterococcus avium and citrobacter amalonaticus were observed. Since no pus was observed during the operation, we could not perform further examination of the bacteria.

The sentence in P5, lines 18-P6, line 1 was modified as below.

P. 5 lines 18- P6. line 1.

We used a bipolar electronic device to completely decorticate the adhesion (Figure 3), and no pus was observed.