

ANSWERING REVIEWERS

Dec 14, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name 1205-revised.doc).

Title: Emphysematous Cholecystitis with Massive Gas in the Abdominal Cavity

Author: Hiroyuki Miyahara, Dai Shida, Hiroki Matsunaga, Yukiko Takahama, Sachio Miyamoto

Name of Journal: *World Journal of Gastroenterology*

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

1. Reviewer 00011542

Can the diagnosis be known prior to surgery?

Because of huge amounts of gas in the abdominal cavity, we first diagnosed perforation of the digestive tract, which we already described in Page4 line 6 and Page 5 line7.

Should patients with pneumoperitoneum and air in the gallbladder be first managed laparoscopically? (could have been the case in the presented patient)

As the reviewers' comment, laparoscopic surgery may be the alternative treatment. In our case, because of diffuse peritonitis, we chose open surgery. We added this description in Page5 line 14-16.

Which antibiotics should be given pre- and post-op?

Tazobactam/piperacillin was given during intra and post-operative course in our case. This must be one of correct choice. We added this information in Page 4 line 12.

2. Reviewer 00253959

In the Discussion the authors state on p. 5 that CT scanning is the most sensitive test for detecting emphysematous cholecystitis without even mentioning the technique of ultrasonography. How do they know that CT-Scanning is the most sensitive method? It is also noteworthy that even in the work up of the patient the first technique used was plain abdominal radiography. Why did they not use ultrasonography as a first screening method in a patient suffering from a painful abdomen, thereby avoiding radiation?

We really agree with the reviewer's comment of the usefulness of ultrasonography. On the other hand, in our case, because of huge amounts of gas in the abdominal cavity ultrasonography did not work at all. Even in such case, CT scanning worked very well and gave us much information. Thus, we mentioned in the paper that CT scanning is the most sensitive method.

In the discussion section on p.5 it is stated that 40 % of affected patients have a diabetes mellitus, but in the present case there was no history of diabetes mellitus.

However, the measured blood sugar amounted to 207 mg/dl! The authors should comment on that.

After the operation, his blood sugar was decreased down to a normal level. Besides, we also measured HbA1c after the operation. His HbA1c was within normal range. His increased blood sugar before operation might be due to stress. Thus, we did not diagnose him as diabetes mellitus. We added these descriptions in Page 5 line 2 - 3.

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

Sincerely yours,

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