

ANSWERING REVIEWERS



July 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO. 3931_locked for submission.doc).

Title: Single-incision versus three-incision laparoscopic cholecystectomy for complicated and uncomplicated acute cholecystitis

Author: Shu-Hung Chuang, Pai-Hsi Chen, Chih-Ming Chang, Chih-Sheng Lin

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3931

The manuscript has been improved according to the suggestions of reviewers (we thank for the reviewers' comments sincerely):

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewers.

(1) In Materials and Methods: end of 1st Paragraph: Sentences "Fifty patients with gangrenous cholecystitis, as the uncomplicated group." And "Twenty-three patients (46%) others underwent 3ILC." should appear in the RESULTS section.

Response: The two sentences "Fifty patients with gangrenous cholecystitis, as the uncomplicated group." and "Twenty-three patients (46%) others underwent 3ILC." has been moved to the RESULTS section. (*On page 3, lines 9-12 in the revised manuscript*)

(2) Specify the dose of the intramuscular pethidine dose per kilogram of patient body weight. Is it 1 mg per kg?

Response: Yes. The dose of the intramuscular pethidine dose per kilogram of patient body weight is 1 mg per kg (i.e., 1 mg/kg) and has been specified in the manuscript. (*On page 7, line 11*)

(3) I am not sure about the importance of the postoperative body temperature in this study. It is more related to the inflammatory response to the cholecystitis and not the type of surgical procedure (SILC vs. 3ILC) per se.

Response: Indeed, the postoperative fever was more related to the inflammatory response to the cholecystitis. But it is also related to atelectasis and postoperative septic sequelae. According to the similar pathologic distributions (disease severity) and postoperative complication rates in the SILC and 3ILC subgroups, we think that atelectasis is a possible reason that causes the difference in postoperative BT. We presume that 3ILC caused more febrile episodes reflects small upper abdominal incisions may play a role in impaired postoperative pulmonary function (atelectasis) for patients with acute cholecystitis. Therefore, we put this presumptive description only in DISCUSSION section (*On page 14, lines 2-5 and 9-10*) and the comment has been mentioned in the subsection of Peer review in the COMMENTS. (*On page 18, lines 6-8 in the revised version*)