

# **MANUSCRIPT NO.85839**

## **Response to queries by peer reviewers**

### **Reviewer 1:**

**? Regarding your initial management, what was your diagnostic workup/treatment in a suspected splenic abscess?**

- The patient initially presented to the outpatient department and she was worked up for possible sources of infection; blood cultures, urine cultures, sputum cultures and radiological investigations such as USG abdomen and pelvis, CECT abdomen and pelvis were done. We also did an infection panel screening and these were all negative except for the CECT abdomen and pelvis which revealed lesion in the spleen suggestive of splenic abscess.

**? Did you look for causes of common hematogeneous seeding?**

- We screened the patient with blood cultures, urine cultures and sputum cultures, and for other sources of infection but all of these results were negative.

**? What was the result of blood cultures?**

- The result was negative and no growth was found in any of the cultures

**? What antibiotic was started?**

- Patient was started on intravenous third generation cephalosporins and metronidazole to provide aerobic as well as anaerobic coverage.

**? If the patient was first seen in the outpatient clinic and admitted only for surgery, did you treat a possible splenic abscess in an ambulatory setting?**

- Patient was given oral antibiotics and followed up in OPD for a week for possible remission of symptoms, but the symptoms persisted.

**? What was the patient and surgeons' positioning for laparoscopic splenectomy?**

- Patient was positioned in left lateral position to facilitate dissection of splenic hilum and surgeon was at the right lower side.

**? How did you remove the spleen- through a pfannenstil/ median incision?**

- The spleen was removed through a pfannensteil incision, which was closed cosmetically with subcuticular sutures.

**? Do you leave drains routinely?**

- We don't leave drains routinely but in this case the spleen had adhesions with the pancreas, and drains were kept to check for any leak.

**? What was the cause of the patient's 3 month fever?**

- We worked up the patient for pyrexia of unknown origin, with inconclusive results. But we observed that post splenectomy followup, patient did not have complaints of fever at all.

**? Does your centre have any protocol for post splenectomy infection prevention?**

- We routinely give pneumococcal, meningococcal and H. Influenza vaccinations at least 1 week prior to surgery. Post operatively, all precautions are taken to prevent hospital acquired infections. Patient is also advised to come to hospital immediately in case of fever when being discharged.

**? Retrospectively what would you change in your diagnostic workup?**

- We could have done a CT guided FNAC of the lesion, to confirm the diagnosis.

**? What were your key problems and in what way can this case help you manage future patients?**

- Key problem was to diagnose the lymphangioma pre operatively. This case report reminds the clinician to keep in the mind the differential diagnosis of splenic lymphangioma in every patient that presents clinically with symptoms of splenic abscess.