**Answering Reviewers** 

July 1, 2014

Dear Editor.

Title: Anterior abdominal abscess: a rare manifestation of severe acute

pancreatitis

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Name of journal: World Journal of Clinical Cases

Manuscript NO: 68216

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

Answer to Reviewer #1:

1. According to the experience of our center, in the early stage of SAP (onset time < 4

weeks), due to pancreatic duct disruption (DDP), the amylase content in the drainage

fluid after percutaneous catheter drainage (PCD) is usually very high, but the amylase

content in the drainage fluid is usually not high after infectious necrosis is formed

about 4 weeks after the onset, The patient was treated with PCD for the first time at

the 5th week, and the amylase in the drainage fluid was 5IU / L.

2. The Discussion has been modified.

3. In Discussion,the misspelled "gray-Turner", and "Gray Turner" is corrected.

Answer to Reviewer #2:

1. This severe acute pancreatitis caused by alcoholism.

2. The full spelling of "MCTSI" has been added.

3. After the initial fluid resuscitation, vasoactive drug infusion, broad-spectrum

antibiotic administration, puncture and drainage of right lower abdominal wall

abscess was performed under ultrasound guidance within 24 hours at the most

obvious wave motion of right lower abdominal wall abscess, and a silicone rubber

drainage tube of 8fr was placed (Figure 4). A total of 350 ml of gray-white purulent

exudate was extracted, with an obvious odor. The amylase in the drained fluid was 5 IU/L, and gram-positive cocci were found in the smear of drained fluid. Forty-eight hours after admission, ultrasound-guided drainage of right retroperitoneal abscess and right lower abdominal wall abscess was performed, First, the right retroperitoneal abscess was punctured to the abscess cavity under ultrasound guidance, and a 12 Fr silicone rubber drainage tube was placed in the right retroperitoneal abscess. Then, the drainage tube of the first abdominal abscess was removed, and the drainage opening of the first abdominal abscess was enlarged to 1.5cm with a scalpel. Two 20Fr silicone rubber drainage tubes were placed along the long axis of the abdominal abscess cavity (Figure 6). What needs special explanation is that all drainages were gravity drainages without rinsing by sterile physiological solution.

- 4. We believe that for SAP patients with severe acute compartment syndrome, traditional open debridement can effectively reduce abdominal pressure, improve tissue perfusion and blood supply of pancreatic tissue and other important abdominal organs, and inhibit the further development of systemic inflammatory response syndrome (SIRS) and multiple organ dysfunction syndrome (MODS), However, studies have shown that the traditional open debridement will bring higher incidence of complications and mortality in SAP patients, which can not make the patients really benefit from the operation. The infectious necrosis of this patient did not form a complete and mature cyst wall to limit the progress of inflammation, and the patient did not have severe acute compartment syndrome. Therefore, PCD was performed within 24 hours after the initial diagnosis was made by CT scan and the treatment of septic shock was corrected by active fluid resuscitation. In the later treatment, we found that drainage was effective for the treatment of anterior abdominal wall abscess, so we did not further use video assisted laproscopic debridement (VARD) for the treatment of patients.
- 5. The occurrence of anterior abdominal abscess in SAP is rare, and only two cases have been reported. (Manji N, Hulyalkar AR, Keroack MA, Vekshtein VI, Kirshenbaum JM, Sugarman DI, Chopra S. Cutaneous pseudo abscesses: an unusual presentation of severe pancreatitis. Am J Gastroenterol. 1988 Feb;83(2):177-9. PMID:

3341343.

Kamble PM, Patil A, Jadhav S, Rao SA. Anterior abdominal wall abscess with epididymo-orchitis: an unusual presentation of acute pancreatitis. J Postgrad Med. 2011 Oct-Dec;57(4):335-7. doi: 10.4103/0022-3859.90088. PMID: 22120865.)

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

Sincerely yours,

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