

Author's response to reviews

Title: Free Abdominal Fluid without obvious Solid Organ Injury upon CT imaging: an actual problem or simply over-diagnosing?

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Author's response to reviews: see over

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Professor Axel Ekkernkamp
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Manuscript Revision MS No. 1672212318286864: Free Abdominal Fluid without obvious Solid Organ Injury upon CT imaging: an actual problem or simply “over-diagnosing”?

Dear Professor Ekkernkamp

Thank you for giving us the opportunity to submit a revised version of our manuscript.

We sincerely appreciate the time invested by the reviewers and for their evaluation our work. Their helpful comments and suggested improvements have been dealt with seriously and extensively and each point is addressed separately below. We have made significant changes and revisions throughout the manuscript. We hope that you and the reviewers find our revised manuscript acceptable for publication in the Journal of Trauma Management and Outcome.

All changes have been highlighted in bold red colour in order to facilitate the review of our revised manuscript.

Comments to Reviewer #1:

1) “Abstract: Focus more on your results and which clear-cut conclusions you can derive from your data. Many online readers of your article may only have access to the abstract, so they should get the best picture from it.”

Reply: We absolutely agree with this comment and have adapted the abstract such, that the reader has a better overview of the results and the proposed measures.

2) “Erase the “Pandora” paragraph, and focus the introduction more on advantages and disadvantages of each procedure...”

Reply: The “Pandora” paragraph has been erased and the pros- and cons of the different procedures mentioned emphasized. New references have been added to further strengthen these various procedures.

3) ...”The role of any contrast agent in any CT study being discussed is unclear to this reviewer....discuss briefly the prediction parameters and their worst disadvantages...”

Reply: The entire review section / introduction has been extensively up-dated and the advantages and problems associated with use of contrast agents in CT scanning evaluated.

4) On page 4, you mention 50 English-speaking publications but do not discuss what kind of publications they were...”

Reply: The publications are mainly retrospective case reviews some consist of a small case series or are prospective without randomisation.

5a) ...”Add a figure describing the anatomical pouches where usually free fluid is found...”
and

5b) ...”Add a sample scan to improve learning”

Reply: a) We have added a figure, which describes the anatomical pouches, Figures 1a-c and **b)** have added a sample scan, Figures 2a-c to better illustrate the locations in which free fluid is found.

6) ...”The reference list was somehow hacked apart...”

Reply: We excuse ourselves for this inconvenience, which is probably due to the pdf

generating program. We have revised and re-checked the references and hope this problem does not reoccur!

7) ...”Was the recent article by the Munich surgeons in the Lancet... discussed ...”

Reply: The article by Huber-Wagner et al was not discussed initially but has now been added in the manuscript, see Reference No. 1, page 3.

8) ...”Further, discuss whether you think about blood or gastrointestinal fluids when you discuss free abdominal fluid...”

Reply: As the article not only emphasizes free fluid due to intestinal rupture but also looks at injury, for example due to damage of the mesenteric vessels, we have specifically decided not to specify the nature of the fluid diagnosed.

9) ...”A table summarizing your results with core findings, advantages and disadvantages would further improve the article”

Reply: Having completely revised the text so as to make it more logical and readable and having added an algorithm, we feel that an additional table may be too much. If the reviewer feels that despite these alterations an additional table is indeed necessary, we will add one.

10) ...”Add a flowchart to generate an algorithm for your checklist”

Reply: A flowchart has been added (see figure 1) and has replaced the checklist.

11) ...”This checklist (page 8) should be the logical result of your analysis of the literature, but looks like an add-on component currently”

Reply: This section has been thoroughly revised so as not to appear as a “simple add-on” but rather a logical conclusion / summary of the previous results.

12) ...”Laparotomy vs. laparoscopy should be analyzed in the body of the manuscript”

Reply: This has been revised and an appropriate analysis added in the main manuscript body (page 6).

13) Define amounts of volumes that you determine “large”, “medium” and “small”.

Reply: We have decided to change the terms from “large”, “medium” and “small” volumes to “a trace” and “more than a trace” in order to simplify evaluation for the reader and hence

treating physician. The discussion as to what is a relevant” amount of free fluid remains a matter of debate (discussed in ref. 22-25). In general authors agree that a “trace” of fluid is not always to be seen as pathological and hence may be the cut off between normal and abnormal. If fluid is found in multiple places, especially in the pouch of Morrison, this is always to be interpreted as a pathological finding.

14) ...”The scenarios seem arbitrary and should be erased”

Reply: The scenarios have been erased and replaced by a more logical flowchart

Comments to Reviewer #2:

1) “Minor essential revisions: in the scenarios the authors should put as outcome of the scenarios laparoscopy or laparotomy....”

Reply: As suggested by reviewer number 1, we have decided to omit the section on “scenarios”. However, we have made it more clear to the reader that laparoscopy plays an important role in the setting of trauma management and have emphasized this in the body of the manuscript (see particularly page 6).