Peer Review File

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Reviewer comments

Reviewer A

The mansucript titled "KEHR TUBE COMPLICATION: RECURRENT HEPATIC ABSCESS

2 ASSOCIATED WITH ACTINOMYCES SECONDARY TO A FOREIGN BODY IN

3 THE BILE DUCT. CASE REPORT" is an interesting paper. However, in my opinion, there are some issues.

Comment 1: When you are reading the clinical case, the way it is described makes you think that the patient has a cholangiocarcinoma and secondary cholangitis. In that case, it could be titled T-tube secondary abscesses mimicking cholangiocarcinoma. But then the discussion focuses on actinomycosis (previously not introduced) and possible complications of T-tube, whose review is not very exhaustive.

Reply 1: Thank you for your comments. In this clinical case the main diferential diagnosis was biliar duct thikering with possible neoplasic origin in a patient with Caroli´s disease, however it did not mimick a classic cholangiocarcinoma case. We add introduction for actynomicosis.

Changes in the text: page 2, line 10-18

Comment 2: I have some issues regarding the managament. If fhe surgeons did not find any tumor during the operation, and they found evidence of a foreign body, why did they proceed to perform a hepatectomy?. Was not transcholedochal removal of the foreign body possible? Leaving again anorher T tube sounds odd when they patient had a complication after a T tube and when there is evidenve that there are other options under these circmunstances.

Reply 2: Thank you for your comments. The hepatectomy was performed because the left Caroli´s disease with cystical dilatation of bile duct, associated with multiple abscesess.

Changes in the text: page 3, line 15

Comment 3: The discussion is quite poor and should focus in the differential diagnosis and managment, rather thant actynomices infection from my point of view.

Reply 3: Thank you for you comments. We humbly consider that talking about differential diagnosis like cholangiocarcinoma escapes from the clinical case aim. We focus on actinomyces infection because it is not a frequent cause of liver abscess, as well as the complication generated by the Kehr tube, which are the main reason for this report.

Changes in the text: none

Reviewer B

Comment 1: PAGE 1: ABSTRACT

LINE 8: to mention which side of live lobe. Right/left/both?

LINE 10: to mention which side of live lobe. Right/left/both?

Reply 1: Thank you for your observation. The abscess was situated in the left lobe.

Changes in the text: page 2, line 8 and 10

Comment 2: PAGE 2: CLINICAL CASE

LINE 13: It will be good if more specific details are given. After choledochostomy in 2007, when the endoscopic biliary drainage for residual stones was done? At the same admission or few weeks/months later? The reason for the query is the remnant foreign body could have been identified as a? filling defect during Endoscopic retrograde cholangiopancreatogram.

Reply 2: Thank you for your comments. The endoscopic biliary drainage was done two months after choledochostomy.

Changes in the text: page 2, line 21-24

Comment 3: LINE 17: kindly rephrase and spell check the sentence. "At the physical examination revealed pain at right hypondrium and epigastrium palpation associated with induration and palpable mass in at the right hypocondium"

Reply 3: Thank you for your observation. We rephrased the sentence.

Changes in the text: page 2, line 28- page 3 line 1

Comment 4: LINE 19: Please mention the side of the lesion identified in USG.

Reply 4: Thank you for your observation. The abscess was situated in the left lobe.

Changes in the text page 3, line 1

Comment 5: It will be helpful for readers to mention that the blood parameters (LIVER FUNCTION TESTS} had shown obstructive pattern and hence NMR was done for further evaluation. Any tumour markers done as the working diagnosis in this phase was cholangiocarcinoma-- CA919-9/ CEA?

Reply 5: Thank you for your observation. We add the suggested information. Tumor markers were made, which did not present a significant elevation.

Changes in the text

Comment 6: PAGE 3; LINE 1-3: The findings mentioned here will be unlikely due to caroli's disease in a 79 yr old patient especially with previous intervention for bile duct stones. The main differential diagnosis will be of recurrent pyogenic cholangitis.

Reply 6: Thank you for you comments. Due to the clinical condition of the patient, we propose the main differential diagnosis of bile duct stenosis with a possible neoplasic origin ina a patient with Caroli´s disease.

Changes in the text

Comment 7: LINE 9: The foreign body was extracted (Fig. 1 C) 9 and a (TO REMOVE) choledocostomy was installed with a T tube prior to a normal cholangiography. (Grammar correction)

Reply 7: Thank you for your comments. We corrected the grammar mistake.

Changes in the text: page 3, line 18-20

Comment 8: GENERAL COMMENTS: Nice case report with a rare complication. Few general comments about the paper...

Comment 8.1: In our part of south East Asian countries its routine to use CHOLEDOCHOSTOMY AND CHOLEDOCHOLITHIASIS instead of CHOLEDOCOSTOMY and CHOLEDOCOLITHIASIS as mentioned in this paper. Please check on this whether it's routine to be mentioned as given in the paper.

Reply 8.1: Thank you for this observation. We corrected this grammatical mistake in all the case report.

Comment 8.2: Mentioning timeline of events along with the paper is good

Reply 8.2: Thank you for your comments. A timeline scheme is attached to this article.

Comment 8.3: Please provide high resolution MR images. Images were the strength of this paper. Any intraoperative pictures available? If so can be mentioned too. Any open

disclosure of broken T tube was discussed with the patient at the time of first surgery during 2007 on retrospective questioning? The images look like the broken area of Kehr tube was more proximal to the entire T junction

Reply 8.3: Thank you for your observation. The MRI images in this article are the best photographs we have available. The resonance of our hospital at that time did not generate high resolution images. Unfortunately, we do not have intraoperative images.

Discussion with the patient about the broken T-tube, she understood that it is a rare complication and that the mechanism by which the rupture occurred and why it was not investigated at the time was not clear.

Comment 8.4: Please correct the grammatical errors.

Reply 8.4: Thank you for your comments, we corrected the grammatical errors.