Peer Review File

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Reviewer A

The presenting case is very interesting and useful to readers. However, additional patient coagulation studies after receiving t-PA and DNase should be placed in the report to provide information about the safety profile.

Reply: No patient coagulation studies were ordered. We checked the patient's CBC and drain output to monitor hemoglobin and increased bleeding respectively. I have included data about the hemoglobin in the report.

Changes in the text: Line added (Line 71): "Her hemoglobin was repeated on the third day of starting lytic therapy which was stable at 11.2. Her baseline hemoglobin was 11.8."

Reviewer B

Good case report.

1. Your first point in 'what is known and what is new?' section - you said intraabdominal hematoma has been historically treated with either angioembolization, surgical drainage or percutaneous drainage. This is incorrect. Intraabdominal hematomas are traditionally treated conservatively with medical management.

Reply: I agree. I have rectified that statement to better reflect the traditional management

Changes in the text: Line added in the table (Line 4): "Intrabdominal hematoma has been historically treated conservatively with pain control and supportive management. In few cases, angioembolization, surgical drainage or percutaneous drainage may be employed for persistent hematomas that fail medical management."

2. Line 59. Can you please specify what kind of leakage was noted around J tube.

Reply: Sure. We note succus leaking around the tube due to the pressure on the distal loop from the hematoma.

Changes in text: Line 67-68 modification: "Unfortunately, she was readmitted on postoperative day 26 with persistent severe abdominal pain and excessive leakage of succus around J-tube due to the pressure on the distal loop from the hematoma."

3.Line 59. Can you please specify what kind of pain management was performed.

Reply: I have added the information about pain regimen on Line 70-71.

Changes in text: Added the text in Line 70-71: “Pain control was achieved with a regimen of PO acetaminophen, IV fentanyl, and IV ketorolac.”

4.Line 97-98. Did you perform CT angiogram or regular constrast CT. Can you discuss how to evaluate abdominal hematomas radiologically.
Reply: We employed regular CT scan abdomen pelvis with IV contrast.
Changes in text: Line added to clarify in Line 117-118: “Our patient had a completely walled off hematoma that was radiologically evaluated with the help of CT scan of abdomen pelvis with IV contrast.”

5. Line 136. Can you discuss the risks and benefits of drainage of abdominal hematomas.
Reply: Added a short discussion from Line 121-126 and added a reference for that in Line 148-151
Changes in text: Line 121-126: “The role of percutaneous drain placement should always be evaluated for risk vs benefit profile in every clinical scenario. The benefits of drainage should outweigh the risks of placing percutaneous drain. The complications associated with percutaneous drainage described in the literature include infection, fistula formation, bleeding, sepsis, damage to surrounding structures and drain dislodgment [10]. The benefits include secondary infection of the fluid collection, resolution of pain, and resolution of pressure symptoms caused by particularly large hematomas.”
Line 159-162: “10. De Filippo M, Puglisi S, D'Amuri F, Gentili F, Paladini I, Carrafiello G, Maestroni U, Del Rio P, Ziglioli F, Pagnini F. CT-guided percutaneous drainage of abdominopelvic collections: a pictorial essay. Radiol Med. 2021 Dec;126(12):1561-1570. doi: 10.1007/s11547-021-01406-z. Epub 2021 Aug 20. PMID: 34415507; PMCID: PMC8702416.”

6. Line 158. Can you discuss what are the indications of drainage of abdominal hematomas.
Reply: From our search of the literature, we were not able to find specific guidelines for indications of drainage of intrabdominal hematomas. Other abdominal wall hematomas (e.g., rectus sheath hematoma) have been studied and have guidelines for specific indications for percutaneous drainage. We added Line 33-40 to display this finding.
Changes in text: Added Line 33-40: “Traditionally, small intrabdominal hematomas are managed conservatively. In cases with expanding hematomas or ones associated with active bleeding, an interventional radiological approach or surgical correction may be required. In cases with symptomatic contained hematomas that do not display

evidence of expansion, a percutaneous drainage may be employed. There is not a lot of literature on specific indications for management of intrabdominal hematomas. There has been, however, discussions on specific indications of rectus sheath hematoma. Based on our practice, percutaneous drainage has been employed for contained large intrabdominal hematomas associated with pain and/or pressure symptoms."

7. Can you discuss how complications of drainage of abdominal hematomas.
Reply: Not sure what is being asked in this question. If the question is what complications are associated with the drainage of abdominal hematoma, we have already answered that in comment 5.