Acute acalculous cholecystitis as a rare gastroenterological association of COVID-19: a case series and systematic review

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Acute Acalculous Cholecystitis as a Rare Gastroenterological Association of COVID-19: A Case Series and Systematic Literature Review
Journal of Clinical and Translational Research

Dear Dr Inayat,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, I would be pleased to reconsider my decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript. Also, please ensure that the track changes function is switched on when implementing the revisions. This enables the reviewers to rapidly verify all changes made.

Your revision is due by Feb 20, 2023.

To submit a revision, go to https://www.editorialmanager.com/jctres/ and log in as an Author.

You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: The case series is well written and provides a good overview of a rare occurrence after COVID-19 infection.

1. In the cases presented by the authors, 2/3 developed COVID-19 symptoms after diagnosis of AAC. How soon after the diagnosis of AAC was the onset of classic COVID-19 symptoms? Is it possible that they were infected while hospitalized for AAC? Were blood cultures performed in any cases?
2. Did these patients also receive COVID-19 specific treatment? Were they evaluated for other viruses known to be associated with both AAC and PNA like CMV?
3. Were other investigations like HIDA scan performed to confirm the diagnosis?
4. The data is presented well but would recommend using true numbers and percentages rather than percentages alone when describing this data.
5. Were there differences in outcomes based on severity of COVID pneumonia? Additionally, any differences based on how soon after initial symptoms, was AAC diagnosed?

Minor
1. Please use consistent precision, e.g. Page 10, age and standard deviation are reported in different precision

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Authors' response

February 19, 2023

Editor-in-Chief,
Journal of Clinical and Translational Research

Dear Editor,

Thank you so much for these astute observations and the constructive feedback provided by the worthy editor. We have tried our best to address the concerns and appropriate changes have been made that have significantly improved our manuscript.

We truly appreciate your kind consideration. Please do not hesitate to contact us should you have any further concerns or questions; we would be more than happy to address them.

Sincerely,
Authors

Reviewers' Comments and Authors' Responses

Reviewer 1:

The case series is well written and provides a good overview of a rare occurrence after COVID-19 infection.

1. In the cases presented by the authors, 2/3 developed COVID-19 symptoms after diagnosis of AAC. How soon after the diagnosis of AAC was the onset of classic COVID-19 symptoms? Is it possible that they were infected while hospitalized for AAC? Were blood cultures performed in any cases?
Response: In our case series, the onset of COVID-19 symptoms was 6 and 24 hours after admission to the hospital for AAC in Cases 1 and 2, respectively. In Case 3, the patient was concurrently diagnosed with both conditions. This pattern and duration of symptoms further supplement our notion that the AAC was a presentation for an underlying COVID-19 in these patients. Furthermore, all three patients had a history of COVID-19 family contact. These observations also exclude the possibility of the COVID-19 infection being contracted during the same hospitalization. Furthermore, all three patients in this study had negative blood and urine cultures for any growth.

2. Did these patients also receive COVID-19 specific treatment? Were they evaluated for other viruses known to be associated with both AAC and PNA like CMV?
Response: All 3 patients received specific COVID-19 treatment. Specific details have now been added to the manuscript. All infectious etiologies responsible for AAC were excluded based on blood and urine cultures and standard diagnostic workup for respective causes.

3. Were other investigations like HIDA scan performed to confirm the diagnosis?
Response: HIDA scan was performed in all 3 patients. The findings have now been added to the manuscript.

4. The data is presented well but would recommend using true numbers and percentages rather than percentages alone when describing this data.
Response: The correction has now been made throughout the paper.

5. Were there differences in outcomes based on severity of COVID pneumonia? Additionally, any differences based on how soon after initial symptoms, was AAC diagnosed?
Response: While AAC frequently developed in critically ill patients with multiple comorbidities, COVID-19 severity did not predict clinical outcomes. Notably, there was a huge difference in the management and prognosis of patients based on the symptom duration of AAC. In patients where AAC was diagnosed early, conservative management often helped to achieve complete recovery. However, in late-diagnosed patients, the disease had already progressed to gangrene of the gallbladder, necessitating surgical intervention. The patients with grade II disease who had a prolonged course before diagnosis were also susceptible to developing minor gallbladder perforations.

Minor:

1. Please use consistent precision, e.g. Page 10, age and standard deviation are reported in different precision.
Response: The precision has now been corrected.

2nd Editorial decision
07-Mar-2023

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Acute Acalculous Cholecystitis as a Rare Gastroenterological Association of COVID-19: A Case Series and Systematic Literature Review
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Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.
Please notify our assistant editor/production editor when you receive the proofs if your article should belong to a special issue specifying the issue's title.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers: