Author's response to reviews

Title: Impact of perioperative RSV or influenza infection on length of stay and risk of unplanned ICU admission in children: a case-control study

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To the Editor of BMC Anesthesiology:

Thank you for the opportunity to re-revise our manuscript (MS: 1665525260551145) for further consideration of publication. We especially want to thank the Referees for their time and thoughtful comments. We have addressed each of the Referees comments below.

Referee #1 Comments:

1. The authors still have not added information on parainfluenza.

   Author response: As discussed in our previous revision, the parainfluenza viruses were not routinely tested for at our institution during the period of study. As such, we do not have parainfluenza data to present. The parainfluenza viruses, along with human metapneumovirus, enteroviruses, adenovirus and rhinoviruses can all cause significant viral respiratory illness in children. Since polymerase chain reaction testing has become increasingly available (at our institution since late 2009), it will be important to investigate the impact of these viruses on perioperative outcomes. We had included a discussion of this point in the Limitations section of the Discussion.

2. The number of references are small. Recent publications on respiratory viruses and post-op +/- PICU admissions should be inconcluded.

   Author response: We recognize that the number of references is small. This is precisely the reason that we undertook this study. When we posed this clinical question a couple of years ago, we found little to no literature on the relationship of respiratory viruses on post-operative outcome following general anesthesia. For example, enter “RSV and anesthesia” into PubMed and there are only 16 publications which result – the majority of which are not pertinent to our study questions; those that are pertinent are referenced in our manuscript. Most of these references are 10+ years old.

   When we presented our data at the 2010 American Society of Anesthesiologists meeting, it was clear from the audience reaction that
little, if no, data was published on the post-operative outcomes of children with respiratory viruses undergoing general anesthesia. We certainly recognize the value of including references that are both timely as well as sufficient in number. In the case of our study question, we feel that we have referenced the majority, if not all, of the pertinent literature that exists on this topic.

The authors certify that this paper is our original unpublished work and it has not been submitted to any other journals for review. The authors have no conflicts of interest to disclose. The authors are liable for its content and having contributed to the conception, design and execution of the work, analysis and data interpretation, and for having participated in writing and reviewing the text, as well as approving the final version to be submitted. Likewise, we accept the introduction of changes to the content, if necessary subsequent to review, and of changes to the style of the manuscript by the journal's editorial staff.

Sincerely,

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