Author's response to reviews

Title: The efficacy of hypotonic and near-isotonic saline for parenteral fluid therapy given at low maintenance rate in preventing significant change in plasma sodium in post-operative pediatric patients: protocol for a prospective randomized non-blinded study

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Author's response to reviews: see over
Dear Dr. Neilan,

I truly accept your apologies and I understand that sometimes may be difficult for an Editorial team to secure competent reviewers. I would also like to thank you for your careful and constructive review of our manuscript. We appreciate the reviewer’s comments that certainly will improve the presentation and interpretation of our study protocol. The changes in the revised version of the manuscript are highlighted in bold. Below please find our response to the points raised by the reviewer as well as to the editorial request.

We hope that you find this version of the manuscript suitable for publication in “BMC Pediatrics”.

Yours sincerely,

Rafael Tomás Krmar

Response to reviewer #1

1. Following this reviewer’s suggestion, we will additionally monitor plasma sodium at 6 h following surgery (Methods, Clinical and Laboratory Assessment, page 8, paragraph 2, sentence 1, and sentence 4, respectively).

2. In the revised version of the manuscript we discuss that our results would be also of importance in the non-appendectomized post-operative surgical pediatric population (Discussion, page 15, last paragraph).

Response to the editorial requests

1. In the revised version of the manuscript we replaced the trial registration number accordingly (Abstract, page 2, last sentence and in Methods, Ethical considerations, page 5, sentence 2, respectively).

2. We declare that the authors do not have neither financial nor no-financial conflict of interest (following Discussion, page 16).
3. Finally, in the revised version of the manuscript, we also added some additional information in Methods (Clinical and Laboratory Assessment, page 9, paragraph 4, sentence 2) and in Discussion (page 15, paragraph 2), respectively.