Author's response to reviews

Title: Tracheal ring fracture and early tracheomalacia following percutaneous dilatational tracheostomy

Authors:

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Author's response to reviews: see over
Dear Editor,

Response to Reviewer’s Report - Tracheal ring fracture and early tracheomalacia following percutaneous dilatational tracheostomy

Reviewer: christoph profanter

Response in bold italics

Reviewer's report:

General
This case report describes two complications following combined open and percutaneous dilatational tracheostomy (PDT). In difficult anatomic situations (voluminous and/or short neck, deep trachea etc.) this is a good approach to make tracheostomy as safe as possible. Choosing this method the dissection should be performed down to the level of the trachea to achieve the best possible control of bleeding and tracheal injury. Using a videobronchoscope the surgeon has direct visual control what is going on within the trachea during the procedure. Generally most complications following PDT are due to technical difficulties or failures. The dilatation must be sufficient to allow gentle placement of the tracheal tube. It is well known that difficulties in tube placements carry the danger of multiple tracheal ring fractures and therefore the danger of tracheomalacia.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Why was the dissection stopped at the level of the strep muscles?

The tracheal was easily palpable by this point and further dissection was felt to be unnecessary.

Obviously no video bronchoscope was used, why?

Yes, that was used. Please note 2nd last line of 2nd paragraph. I used the words flexible bronchoscopy in my initial submission. That has been changed to flexible video bronchoscopy.

The authors should describe if there were any technical problems in dilatating and/or introducing the tracheal tube. This may be an explanation for the complications!

The tracheal rings were found to be calcified, and we heard a crack during the dilatation process. There was no problem with introducing the tracheal tube.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Writing errors: page 1, line 3 from bottom: airway references, ref. 2: stenosis

Done!

Discretionary Revisions (which the author can choose to ignore)
The discussion should include possible technical improvements as video bronchoscopy, sufficient preparation and dilatation of the trachea etc.

*Further points added to discussion but kept short for sake of brevity.*

Thank you very much.

Yours sincerely,

Mr Eu-Chin Ho