Author's response to reviews

Title: Comparison of two protective lung ventilatory regimes on oxygenation during one-lung ventilation: A randomized controlled trial

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Version: 2 Date: 19 October 2010

Author's response to reviews:

October 10, 2010

Vipin Zamvar
The Journal of Cardiothoracic Surgery Editorial Team

Re: Manuscript: 1334497874436849 Comparison of two protective lung ventilatory regimes on oxygenation during one-lung ventilation. A randomized controlled trial.

Dear Dr Zamvar:

Thank you for your response and suggestions to our manuscript. Attached, you will find the revised article. We hope we took into consideration all your comments and you and the reviewers will find it satisfactory.

Per your request, I am including a point-by-point response to the reviewers’ comments.

Referee 1:

a.) The finding of increased peak airway pressures is expected and well documented. It should be discussed in light of the recent publication by Roze et al. (BJA 2010, 105: 377-381), which demonstrates that intra-bronchial pressures are essentially identical between the two ventilatory modes.

Authors’ Response:

We are now aware of this publication and according to that information we changed the corresponding paragraph in the discussion section (page 10, second paragraph).
b.) The finding of equivalence in oxygenation is not entirely surprising, but novel and important. The authors may want to discuss the fact that the small sample size does not rule out a benefit for certain subgroups of patients/pulmonary pathologies.

Authors’ Response:

We clearly point out that patients with significantly impaired pulmonary function were excluded; thus, these results may not extrapolate to sicker patients with compromised pulmonary function. Some authors (Nichols et al. Crit Care Clin 2007, 23:183–199) believe that pressure limitation obtained with PCV may be useful in certain populations (i.e. obstructive lung disease) where decelerating waveforms may diminish the risk of barotrauma and decrease the likelihood of unintentional hypoventilation. (page 10, second paragraph)

c.) The study is overall well written and executed, but would benefit from further English language editing.

Authors’ Response:

We have revised the manuscript and we expect to have corrected all the grammatical errors.

d.) Please check your reference list, as there are spelling mistakes in the author’s names.

Authors’ Response:

All references were checked against the original publication to ensure accuracy. The spelling mistake in the author’s name (reference 2) was corrected.

e.) The first sentence of the Methods section states that 42 patients were enrolled, while everything else (including the tables) refers to 41 patients. Was one patient not studied or excluded? Please clarify.

Authors’ Response:

The value “42” is a typographical error; the number of patients enrolled in the study was 41. This mistake has been corrected in the manuscript (page 5, first paragraph).

Referee 2:

a.) The author should clarify what they considered clinical signs of light anesthesia. They mentioned in the manuscript to have treated “clinical signs of light anesthesia” using both boluses and increased infusions of remifentanil; however they did not mention specifically those signs.

Authors’ Response:
The clinical signs of light anesthesia are clarified in the revised paper, and the definition of those has been added to the text (page 5, second paragraph).

b.) The authors should explain why they administered FiO2 of 1.0 for the study.

Authors' Response:

It is our standard clinical practice, and common in many other centers, to use an FiO2 of 1.0 during one lung ventilation to avoid potential hypoxemia. We are aware that some groups suggest that a FiO2 titrated to effect, which allows acceptable oxygenation may be more appropriate (Sentruk M. Curr Opin Anaesthesiol 19: 1-4, 2006). In the present study, we chose a FiO2 of 1.0 in both groups in order to standardize the protocol. Multiple papers (including the number 15, 20, 21 of those listed in the references) have used the same method. We do not know if using a lower FiO2 could have had any effect on the observed results.

c.) In the methods section the author described 42 patients enrolled, in the results section they mentioned 41 patients. No explanation for the difference was offered.

Authors' Response:

As stated before (response to referee 1) this was a typographical error. The proper value of enrolled patients was 41. The wrong value was deleted and the correct value was added to the text (page 5, first paragraph).

I hope the revised manuscript answer your questions and concerns and I look forward to your response.

Thank you very much for your time and attention.

Sincerely,

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