Author's response to reviews

Title: Fracture of metallic tracheostomy tube in children: a case report

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Version: 2 Date: 11 February 2010

Author's response to reviews:

Dear Editor,

We have revised our manuscript according to reviewers’ suggestions as follow:

Referee 1:
1. Can the authors elaborate on the percentage of usage of metallic tracheostomy tube in his / her center?
   We usually use the metallic tube for the prolong wear. We have added the sentence “The metallic tubes are more suitable for prolong wear because their strong property that is unlikely to fracture in the regular use and can be washed and boiled. Most plastic pediatric tubes are disposable and cannot be reused” in discussion section.

2. Can the authors suggest any other form of permanent / long-term tracheostomy tube other than metallic ones? And if so, is there any comparison of complications between the two?
   We have added the descriptions of the three types of tube in the discussion section.

3. Is the word "stroma" in 'The foreign body was retrieved from right main bronchus and removed through the tracheostomy stroma (figure 1)' correct? Do the authors mean 'stoma'?
   The authors mean “stoma”.

Referee 2:
One missing part is the lower airway disorder which caused fever, tachycardia, hyperpnea, two-month cough and decreased breath sounds. What was the chest x-ray finding? What was the definite lung disease : atelectasis, pneumonitis or lung abscess? What was the antibiotics given?
We agree with the reviewer and added this information in case presentation section.

Referee 3:
1. The duration between cough (2 months), last tracheostomy tube cleaning, parent had found that inner tube was missing, and the day that he was brought to the hospital should necessarily be mentioned in details. And why there was no immediate airway obstruction if the inner tube had disrupted and displaced down into the tracheobronchial tree?

We agree with the reviewer and added this information in case presentation section.

The immediate airway obstruction may occur in this condition. We also ask the parents for signs and symptoms but there is no evidence of immediate UAO in this case.

2. And also the details of his symptoms, i.e. characteristic of cough, nighttime breathing sound, or dyspnea etc., at home before the parent had detected the missing of the inner tube.

We agree with the reviewer and added this information in case presentation section.

3. The picture or diagram of the fracture site or disruption site should be demonstrate clearly. (example of demonstrated picture has shown in the power point attached file)

We agree with the reviewer and added this information in case presentation section.

Yours sincerely,
Patorn Piromchai, MD.