Author's response to reviews

Title: Fulminant mediastinitis after struma recurrence surgery

Authors:

Susanne Rein (susanne.rein@web.de)
Martina Mittag-Bonsch (mit-bon@t-online.de)

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Author's response to reviews: see over
Concern: revised manuscript (MS: 1019377763355898): “Fulminant mediastinitis after struma recurrence surgery”

Dear Mr. Kidd,

We hereby re-submit the revised manuscript: “Fulminant mediastinitis after struma recurrence surgery” to publication in your journal.

The following modifications were made in accordance to the concerns of the reviewers, and are itemized below. All changes are underlined in the revised manuscript.

Editorial team

A title page has been included in the manuscript. The ethnicity of the patient has been stated in the case presentation section (Case presentation, clinical history, page: 3, line: 12).

Reviewer 1

1. In P. 1, #10, " a 62-year-old Caucasian woman" should be simply " a 62-year-old woman ".

“A 62-year-old Causasian woman” has been changed into “ A 62-year-old woman” (Abstract, page: 2, line: 8).

2. In P. 2, #22, please remove the word " (hypo echoic) "

The word “hypo echoic” has been deleted (Case presentation, clinical history, page: 3, line: 22).
3. In P. 3, #1, " (pT2, pN0, 1 pM0... " should be "p-T2N0M0, ".

"pT2, pN0, pM0, pG1" has been changed into “p-T2N0M0G1” (Case presentation, Clinical history, page: 4, line: 1).

4. In P. 4, #5, " at 19:00 on the evening of the first postoperative day, 29 hours after surgery. " or in P. 3, #1, " at 15:00 on the second postoperative 19th day, 20 hours after the beginning of symptoms and 49 hours after the primary 20 surgery," are too long phrases.

These sentences have been shortened (Case presentation, Clinical history, page: 5, lines: 9, 24-25).

5. In P. 8, #23, " A cranial computed 24 tomography (CT) scan performed because of the patient’s personality changes was normal. " should be corrected grammatically.

This sentence has been corrected grammatically (Radiology, page: 9, lines: 9-10).

6. In P. 9, #14, Gastroscopy is not used as pulmonary diagnosis.

This particular sentence has been put into the chapter: Radiology, because it is more likely related to the gastrografin swallow. (Radiology, page: 9, lines: 11-12).

7. In P. 9, #15," (FEV1) of 1.1 L, which is 50%" of the normal value is more generally used like "predicted value (FEV1%) is 50%.".

“Normal value” has been corrected into “predicted value” (Pulmonary diagnostics, page: 10, line: 1).

8. In P. 12, #3, early detection and diagnosis of NSTI is most important and difficult. I agree with routine CT for NSTI.

Okay.

Reviewer 2

9. Delete all the mentioned times of day (section "treatment") (e.g. 14.00 - page 3, line 24; 15.00 - page 4, line 5; 15.00 page 4, line 18) or use "a.m./p.m."

The mentioned times of day have been corrected to “a.m. and p.m.” throughout the manuscript.

10. The section "laboratory values" (page 6, line 23...) should be shortened and summarized in one table to clarify and better visualize the laboratory data over time.

The laboratory values have been presented in table 1 until the transfer to the center of pneumology, thoracic and vascular surgery. This section has been shortened. (Laboratory values, page: 8, lines: 1-7).
11. section "pulmonary diagnostics" page 9, line 14: delete or explain the sentence "A gastroscopy performed..." because it irritates a little, why you mention normal findings in a gastroscopy in a "pulmonary diagnostics" chapter

This particular sentence has been put into the chapter: Radiology, because it is more likely related to the gastrografin swallow. (Radiology, page: 9, lines: 11-12).

**Reviewer 3**

12. The authors should pay more attention to their perioperative antiseptic protocol. This includes preoperative preparation of the patient as well as perioperative antibiotic policy. This can lead us to a conclusion of which maneuvers we must follow to avoid such a complication.

Standard preoperative antiseptic procedure has been performed including a three time alcohol desinfection of the operation area over a time of 5 minutes and a single-use sterile covering of the operation situs. The patient has not received a preoperative antibiotic prophylaxis, because she had no increased infection risk preoperatively in her medical history. (Treatment: page: 4, lines: 21-25).

13. The authors didn’t give an explanation for the early occurrence of pleural effusion postoperatively. How can the patient get pleural effusion in such an early stage without an existing pneumonia or opening the pleura.

Explanation for the early occurrence of pleural effusion postoperatively has been discussed (Discussion, Therapy, page: 13, lines: 25-26; page: 13, lines: 1-4).

14. Attached to the previous question, There was no preoperative echocardiography to exclude the possibility of postoperative decompensation. The postoperative echo is described as: “slight impairment of left ventricular systolic function”.

No preoperative echocardiography has been performed, because the patient had no preexisting cardial insufficiency (Clinical history, pages: 3-4). Postoperative echocardiography has been performed to exclude cardiac damage after the mechanical and pharmacological resuscitation. The slight impairment of left ventricular systolic function is mainly due to fulminant sepsis and resuscitation in our opinion.

15. The authors didn’t discuss the possibility that the servical wound perhaps was not efficiently drained with accumulation of serosangunous fluid in the anterior mediastinum leading to infection.

We exclude the possibility that the cervical wound was not efficiently drained, because we control the drains postoperatively. Drains without suction will be corrected immediately. No drain obstruction has been observed during the regular postoperative drain controls. In addition, the drainage in the right thyroid loge is visible at Figure 1C, which has been mentioned. As the drains were unremarkable, we did not discuss this.
16. Page 5, line 3: the exact dose and type of catecholamines should be mentioned.

The exact dose and type of catecholamines have been written (epinephrine: 0.16µg/kg body weight/min; noradrenaline: 0.112µg/kg body weight/min) (treatment, page: 6, lines: 9-10).

17. Page 5, line 23: Tetraparesis? Do the authors mean: quadroparesis?

Tetraparesis is a synonym of quadriparesis. Both terms are common in english literature.

18. Page 6, line 4: “A right-side arm-accentuated tetraparesis”? Please give a clear description of the sign.

This term has been deleted. An incomplete proximal accentuated tetraparesis in combination with weakness due to inactivity, critical illness myopathy and central apraxia were seen (Treatment, page: 7, lines: 1-2).

19. Page 6, line 20: adynamia of the right arm? Do the authors mean: monoplegia of the right arm?

The term “adynamia” has been changed into “loss of force” (Treatment, page: 7, line: 22).

20. Page 8, line 23: “The radiological diagnostics is…..”should read: “The radiological diagnostics are…..”

This sentence has been corrected (Radiology, page: 9, line: 8).

21. Age 11, line 2: “the patinet had not complained” should read: “the patient did not complain”

This sentence has been corrected (Clinical course, page: 12, line: 2).

22. Page 11, line 6, “misdiagnosis is in 59% of cases celulitis”should read “misdiagnosis is cellulitis in 59% of cases”.

This sentence has been corrected (Clinical course, page: 12, line: 6).

We trust to have addressed the concerns of the reviewers and sincerely hope that the manuscript would be favorably viewed for publication in “Journal of Medical Case Reports”.

With best regards,

Susanne Rein, MD