Author's response to reviews

Title: Asystole Following Positive Pressure Insufflation of Right Pleural Cavity

Authors:

  Kari M Forde-Thielen (ford0064@umn.edu)
  Mojca R Konia (konia012@umn.edu)

Version: 2 Date: 1 December 2010

Author's response to reviews: see over
Please find attached a copy of a revised case report entitled “Asystole Following Positive Pressure Insufflation of Right Pleural Cavity”.

I thank both reviewers for their constructive feedback. Below is our response to reviewer’s comments. All the changes made to the manuscript are underlined for easier review.

I) Reviewer 1 Joyce Yeung

This case report should serve well for physicians to have a high index of suspicion of possible side effects following this procedure. However the authors need to read through the manuscript as there are some capitals in the introduction session and through some other parts that should be removed. Please check through the manuscript as some sessions do not read too well. The mention of President Obama whilst interesting is not strictly necessary. It would be more useful to expand on the evidence-based behind the procedure instead such as number of patients in the trials and some details into the results (pain scores, p values etc)

Author response:
We thank the reviewer for all the comments. We have changed portions of the report in accordance with suggestions from both reviewers. I would however like to enquire whether the reviewer 1 had a chance to read the right case report – in our case report we could not find capitals in the introduction that reviewer is referring to, we did not mention President Obama, and our article does not specifically discuss pain scores.

II) Reviewer 2 Hong Liu

The authors reported a case of asystole at the onset of positive pressure insufflation of right hemithorax in a patient undergoing thoracoscopic single-lung ventilation procedure. Although it was never reported in the thoracic surgery settings, it has happened in other cases. The followings are my comments:
1. Please label the pages. I assume the abstract page as page 1.
2. To present a case, it should follow the orders of: present history, past medical and surgical history, medications, allergy, physical exam.
3. In physical exam, height is also needed.
4. Page 2, line 3 from bottom, move “easily” to after “stairs”.
5. Page 3. Please add the dosage of medication you use during induction and maintenance.
6. Page 3, what is the ventilation setting?
7. Page 3, Please explain why this case needed insufflation a high pressure and flow.
8. Page 4, line 4 from bottom, Please explain what does “…increase in CVP…” Does this mean increased preload or decreased preload?
9. Page 6, line 2. Please change the word “prepping” to a different one.
10. Page 6, line 8, What do you see on the screen? You should be able to tell whether the lung is deflated or not.
11. Page 6, line 6 from the bottom, Please delete “at different institutions”.

**Author response:**
We thank the reviewer for thorough and specific comments. We have carefully reviewed each of reviewer's comments and made changes as suggested. All the comments were easy to address and additional information was provided.

1. Pages are labeled.
2. We presented the case as recommened
3. We added height
4. Easily was moved within the sentence
5. Doses of medications were added
6. Ventilation settings were added
7. Insufflation pressures and flow are surgeons choice
8. Increase in CVP leads to decreased preload (please see the text)
9. Word “prepping” was changed
10. Full deflation of lung was not carefully assessed (please see the text)
11. At different institutions has been deleted

Category of publication: case report.

Sincerely,
Mojca Remskar Konia, M.D.