Author's response to reviews

Title: Delayed Oesophageal Perforation following Lightening Strike.

Authors:

George Alvarez (george.alvarez@albertahealthservices.ca)
Patricia Figgis (patriciafiggis@gmail.com)

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Author's response to reviews: see over
REVIEWER #1

My only concern is that it might generate letters to editor criticizing the fact that the 79 year old patient "was thrown back 2 meters and suffered a fractured right humerus" While minor blunt trauma causing esophageal perforation is rare – it is described in the literature (1 example in: Hyperextension injury of the cervical spine with esophageal perforation – Journal of Neurosurgery vol 53 #4)

I have reviewed the literature and most esophageal injury is associated with significant cervical injury/fracture with obvious mechanism(s) of injury. I have, however, addressed this in references 9 & 10.

REVIEWER #2

The message is better if combined with a broader view of blunt trauma as cause of esophageal rupture

Textbooks are written about this topic and I think beyond the scope of this case report but have added text and references at end of discussion [11-14]

REVIEWER #3

1. The presentation of the case is not sufficient: If the lightning strike (LS) caused esophageal perforation, there can be some other injuries accompanying, for example, lung parenchymal injury or contusion. It should be mentioned whether there was also lung injury due to LS or not.

We had no evidence of initial injury nor found on imaging.

2. What about the entry-exit point of current from the body. Were there any signs of burn in the skin.

As discussed in the five mechanism of injury, this was blunt force trauma thus no burns or entry-exit site

3. As the authors mentioned, the patient was hemodynamically unstable and in septic shock, so, is not it total esophagectomy a major and life-threatening condition, it should be reported and the indication of such a major surgery should be explained.

4. The discussion is very poor. There is nothing new or original, only what is known about the lightening strike and its mechanism is repeated. The contribution of the present case to the literature should be emphasized in the discussion section, at least some critics about the management of patient should be emphasized. For example, conservation management of such a patient (supportive treatment, minimal invasive procedures such as drainage catheters and esophageal stent application for controlling leakage while the patient was in septic shock) should be proposed as conclusion.

Both these point are controversial and different surgeons/institutions approach this issues completely differently. Again, beyond the scope of this case report and would deserve a separate paper. Reader given references if interested in further reading [11-14].

5. Figures should be more explanatory for readers. For example, leakage point can be marked with arrows.

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