Author's response to reviews

Title: Anesthetic management in a patient with giant growing teratoma syndrome: a case report

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Thank you for consideration of our manuscript for publication. We have revised the manuscript based on the reviewers' comments.

Reviewer #1 (Dr William Donaldson)
Comment 1
Is this on room air?
1 Yes. We included this information in the revised manuscript.

Comment 2
Do you mean failed intubation?
1 The intended meaning was a risk of aspiration at intubation. This sentence has been changed to clarify this issue.

Comment 3
I would change this to “ventilatory management”.
1 This sentence has been changed as suggested.

Other comments
There are a few minor language corrections which I have suggested.
1 We greatly appreciate the reviewer's help in improving the English in the manuscript. All the suggested changes have been made.
Reviewer #2 (Dr Tomas Henlin)

Comment 1
Maybe it would be better support your decision to maintain spontaneous ventilation by some data. It is logical and it has happened in your case but there is no any study in your references.

We have added the following sentence: "... possibility of high airway pressures causing lung injury. Therefore, it has been suggested that spontaneous ventilation should be maintained for as long as possible …"

Comment 2
In discussion I miss explanation of your decision ventilated patient with maximal inspiratory pressure 20 cmH20 even if you were not able to achieve sufficient ventilation after administration of rocuronium. Why 20 cm H20 why not 22, 25 when safety level is about 28-30?

Some cases have suggested that control of inspiratory pressure under 20 cmH20 is needed to prevent lung injury caused by high airway pressure (Refs. 6, 13). Therefore, we decided to keep the inspiratory pressure under 20 cmH20 and prepared for PCPS as necessary.

We have added the following sentences: "Therefore, it has been suggested that spontaneous ventilation should be maintained for as long as possible and that the inspiratory pressure should be kept under 20 cmH20, even if muscle relaxants are used [6, 7]. In this case, use of a muscle relaxant was required to perform an abdominal section, and we chose to use the muscle relaxant just before the start of the operation and to perform awake intubation. We also decided to keep the inspiratory pressure under 20 cmH20 and to prepare for PCPS …"

Comment 3
I need explain a term “a risk of missswallowing in intubation” I do not understand it.

The intended meaning was a risk of aspiration at intubation. This sentence has been changed to clarify this issue.