Author’s response to reviews

Title: Effects of sevoflurane and propofol on the development of pneumonia after esophagectomy: a retrospective cohort study

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Author’s response to reviews:

Dear Editor and Reviewers:

Thank you very much for giving us the second chance to revise our manuscript. We have read your comments carefully and revised our manuscript accordingly. All the amendments have been marked in red and point-by-point responses to the comments are listed below this letter.

We submit our revised manuscript for your consideration. If you have any question, please contact us without hesitate.

Looking forward to hearing from you soon.

Yours Sincerely

Guo-Hua Zhang

Replies to Reviewer #2:

1) Specify if there was TOF monitoring, PORC is a relevant factor to development of PP.

Answer: Dear reviewer, thank you very much for your comment. In our hospital, TOF monitoring is not regularly applied and we are lack of relevant data. Although all the extubated patients stayed in PACU for at least 30 minutes and were assessed according to STEWARD SCORE system to decide if they should be discharged from PACU, there may be still a risk of morbidity in PORC after tracheal extubation under the guidance of only clinical judgment. Just as you pointed out, PORC is a relevant factor to development of PP. It is a limitation of our study.
and we have pointed it out in discussion section. All changes and added contents have been marked in red. Thank you again.

2) COPD and preoperative pulmonary infections even if are a low percentages, they must be specified because they are determining factors in PP development

Answer: Dear reviewer, thank you very much for pointing out this problem for us. As suggested, we have specified the issue of COPD and preoperative pulmonary infections under discussion section in our revised manuscript. Only 14 (0.8%) patients (14 in sevoflurane group and 0 in propofol group, P =0.374) were diagnosed with COPD according to their medical history and pulmonary function, and no patients had pulmonary infections prior to operations. As for patients with preoperative pulmonary infections, they were transferred to general hospitals for treatment till the symptoms and signs were completely improved. Otherwise, they would not actually be admitted for surgery. However, we were lack of data about those who returned back to our hospital after effective treatment. We have pointed out this problem in our revised manuscript. All changes and added contents have been marked in red. Thank you again.