Author’s response to reviews

Title: Pre-anesthetic assessment with three core questions for the detection of obstructive sleep apnea in childhood. An observational study

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Dear Professor Hossam El-Beheiry.

Many thanks for your brief revisions. According to the suggestions, we corrected our manuscript as follows:

Reviewer 1:

i) “Children who were already suspected of having OSA” -> In order to discuss this aspect as a main limitation, we included a new “Limitation” section at the end of the manuscript. Please find page 8, line 16-18: “This study shows some limitations. First, we tested the OSA3/8 in children who were already suspicious they had OSA and who were already planning to be diagnosed in a sleep laboratory. In order to find the true sensitivity and specificity of the three core questions as a screening tool, our findings must be validated in children who are not already suspected to have OSA.”
ii) “The reasons for referral to the sleep lab” -> The reasons for referral has been described on page 3, line 23: “All children who participated in the study were ordered to undergo a sleep laboratory for suspected OSA.”

iii) “Other demographic information” -> I’m sorry, during this pilot study we did not collect further demographic information.

iv) “Rationale for selection of the 3 questions in the OSAsq3” -> The reason for using these three core questions is now described on page 4, line 9: “The three core questions focus on the pathognomonic and clinically visible symptoms of OSA: Snoring, labored breathing, and breathing pauses.”

v) “Sample size of 53 children” -> “As part of this pilot study, 53 children were included in the study”. (page 6, line 1).

vi) “Mean age of children” -> Please find page 8, line 23: “Third, the OSA3/8 score was determined in children between the age of two and 16 years (mean age 6 years) and it is based solely on parental observations. However, our investigation focused on younger children who may more frequently experience the nightly care of their parents. Thus, the older the children are, the more difficult the test may be, if children might less frequently be observed while sleeping.”

vii) “Reflection of limitations in both abstract and manuscript” -> Please find page 2, line 20 (abstract): “While the study has some limitations, future studies with both unselective collectives and older children might prove this ultra-short questionnaire to be advantageous in detecting pediatric OSA in clinical practices.” ‘Additionally, please find page 8, line 23, as mentioned above (please compare point vi).

Reviewer 2:

i) “Only one (independent?) practitioner” -> Please find page 8, line 20: “Second, due to a residual blur in diagnosis and classification of an OSA, the diagnosis was made by one reviewer.
While this procedure should reduce systematic errors in diagnosis, last doubts cannot be eliminated”.

We hope that our manuscript now meets your acceptance for publication. Please do not hesitate to contact me for further questions.

Thank you very much for your time. Yours sincerely,

JS