Author’s response to reviews

Title: Acute cerebral infarction in a patient with an epidural catheter after left upper lobectomy: A case report

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Author’s response to reviews:

Professor Guangde Tu, PhD.
Editor-in-Chief, BMC Anesthesiology
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Dear Professor Tu:

Thank you for your ongoing consideration of our manuscript for publication in BMC Anesthesiology. We appreciate the time spent by you and the reviewers. We are very delighted with the decision of a potential publication in BMC Anesthesiology.

Below, we address the reviewers’ comments. The changes in response to the comments are marked in the manuscript with yellow highlighter. We believe the revised manuscript is improved. We are looking forward to your final decision.

Sincerely,

Masamitsu Sanui, M.D., Ph.D.
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Reviewer reports:

> 1. Please specify it was a lobectomy procedure or wedge resection? Since LUL lobectomy leaves a longer PV stump than any other lobes, it is an important factor for thromboembolic complications. Please clearly specify the lobe and procedure type (both in text and title).

Thank you for your suggestion. We changed the phrase ‘LUL resection’ to ‘LUL lobectomy’ in the title (line 2), abstract (line 33, 39, 46, 47, and 49), and manuscript (line 63, 65, 70, 73, 80, 84, 94, 116, 120, 121, 145, 165, 169, 174, and 183) based on your review.

> 2. Please check the staging of previous diagnosis of colon cancer. While TNM staging was T3N1aM1a, which was not compatible with stage IIA. Please clarify.

Thank you for your comments. We corrected the staging of the previous colon cancer from ‘T3N1aM1a’ to ‘T3N0M0’ (line 81).

> 3. By latest ASRA guideline (April, 2018), recommended time interval before epidural catheter removal is 1 hour to at least 6 hour for different anti-coagulation medications. In this case, 1 hour is acceptable according the recommendations. I suggest this recommendation can be mentioned in the discussion.

Thank you for your important perspective. We added a sentence about the latest ASRA guideline in the discussion (line 139-143) as below:
“A four-hour interval between epidural catheter removal and administration of intravenous heparin may be sufficient. The American Society of Regional Anesthesia and Pain Medicine guideline states that a one hour interval between needle placement and intravenous heparin administration decreases the risk of significant bleeding [5].”

We added a new reference about this guideline and adjusted order of references (line 143, 156, 157, 161, 221-224, 226, 230, 233, and 236).

> 4. While this complication can happen months later, the efficacy of routine postoperative systemic anti-coagulation prophylaxis may not be conclusive. I believe this answer should depend upon results from randomized trials.

We agree to your comments. We changed a sentence from

“In contrast to previous reports [1, 3], this experience suggests that early postoperative intravenous systemic heparinization may be effective to prevent postoperative thromboembolism, although longer follow-up and a larger sample is necessary for conclusive results.”

to

“In contrast to previous reports [1, 3], this experience suggests that early postoperative intravenous systemic heparinization may be effective to prevent postoperative thromboembolism, although a randomized controlled study with longer follow-up and a larger sample size is necessary to determine the efficacy, safety and optimal duration of the practice.”

The sentence above is written at line 175-179 in the discussion.