Author’s response to reviews

Title: Anesthetic management of gigantic pheochromocytoma resection with inferior vena cava and right atrium tumor thrombosis: A case report

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Comment 1: Textual overlap

It is noticed that there are some textual overlaps with previously published works, in particular:

Hong Kong Med J 2005;11:59-62


http://dx.doi.org/10.4097/kjae.2014.66.3.252


The overlaps mainly exist in the sections, as below:
(1) last 4 lines of 2nd paragraph of Background
(2) last 3 lines of 1st paragraph of Case Presentation
(3) the sentence - 'Thus, right adrenalectomy with exploration of inferior vena cava and right atrium
by cardiopulmonary bypass and hypothermic circulatory arrest was planned with a multidisciplinary team approach that included a urinary surgeon, a cardiothoracic surgeon, a hepatobiliary surgeon, an anaesthetist, and an ultrasonologist.' in 3rd paragraph of Case Presentation

(4) the sentence -'Subsequently, anesthesia was induced with intravenous midazolam (4 mg), etomidate (20 mg), sufentanil (70 μg), and rocuronium (70 mg). The trachea was intubated and anesthesia was maintained with sevoflurane and 100% oxygen in 2 L/min fresh gas. In addition, intravenous remifentanil was infused continuously during the surgery. A central venous catheter was placed in the right internal jugular vein, and continuous central venous pressure (CVP) monitoring was started. A transesophageal echocardiography (TEE) probe was inserted smoothly and the echocardiographic evaluation revealed normal ventricular function.' in 4th paragraph of Case Presentation

(5) the sentence - 'The phaeochromocytoma together with its tumor thrombosis at the right atrium was then resected en bloc with a cuff of lateral wall of the vena cava, and the resection was facilitated by opening up the right atrium. The removal tumor thrombosis form IVC and right atrium was shown in Figure 4B. Subsequently, the right atrium was closed and the abdominal vena cava was then repaired. The patient was weaned off from cardiopulmonary bypass after full re-warming. Aortic occlusion time was 45 minutes and duration of bypass was 74 minutes. The blood pressure remained stable during this period. The operating time was 11.5 hours, and the blood loss was approximately 10000 mL. Histology examination confirmed a diagnosis of phaeochromocytoma with inferior vena cava invasion.' in 4th paragraph of Case Presentation

(6) line 1-3 of 2nd paragraph of Discussion and Conclusions

(7) line 6-8, line 13-17 of 4th paragraph of Discussion and Conclusions (the paragraph starting with 'In this case, the successful anesthetic management is mainly...')

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work. Please re-phrase these sections to minimise overlap.

Answer: Thank you for your attention. We have re-phrased or deleted these sections to minimise overlap. Please check these sentences.

Comment 2: Please provide an English version of CARE checklist.

Answer: Thank you for your attention. We have provided an English version of CARE checklist.

Comment 3: At this stage, we ask that you submit a clean version of your manuscript and do not include track changes or highlighting.

Answer: Thank you for your attention. We have submitted a clean version of our manuscript.