Author’s response to reviews

Title: Ultrasonographic identification of the cricothyroid membrane in a patient with a difficult airway as a result of cervical hematoma caused by hemophilia: a case report

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POINT BY POINT RESPONSE TO REVIEWERS’ COMMENTS

REVIEWER 1 (Michael Kristensen)

Comment 1

Page7 line 132:
I suggest adding this recent, important, finding by dr Siddiqui et al.: "However, it was recently found that ultrasound-guided identification of the cricothyroid membrane (Ref 1, 2) is "highly effective and is comparable to CT-scan as the accepted standard (Ref 3)" in patients with abnormal neck anatomy, thus strongly indicating this technique to be applied in a patient like ours."


Authors’ response: We are very grateful to the reviewer for these suggestions. We have added the above three references and mentioned their findings in the Discussion section as follows:

However, it was recently found that ultrasound-guided identification of the cricothyroid membrane [6,13] is effective and comparable with CT as the accepted standard [14] in patients with abnormal neck anatomy. This finding strongly suggests that this technique should be used in patients like the one described in this report. (Page 7)

Comment 2

Minor details: p3l48: suggest "is" instead of "has"

Authors’ response: We thank the reviewer for this suggestion and have changed “has” to “is” in the first paragraph of the Introduction section on Page 3.
Background section: I recommend providing additional information and evidence regarding:

a. "misidentification of the cricothyroid membrane", which is a major cause of tube misplacement leading to cricothyroidotomy failures and serious complications.

b. Inaccuracy of the cricothyroid membrane palpation by anesthesiologists.

Authors’ response: I appreciate the reviewer’s advice and have added the above information and evidence regarding misidentification and inaccuracy of CTM in the Introduction section of the manuscript as follows:

However, an anesthesiologist is unlikely to be able to palpate the cricothyroid membrane accurately [5]. Misidentification of the cricothyroid membrane is a major reason for tube misplacement and leads to failed cricothyroidotomy, and in a CICO situation can cause serious complications, such as tension pneumothorax and pneumomediastinum [6,7]. (Page 3)

The references have been renumbered as follows:


Abstract section: I recommend using "cricothyroidotomy" instead of "cricothyrotomy" in the background section of abstract as you have used the word "cricothyroidotomy" all over the manuscript and also abstract, although both have the same meaning.

Authors’ response: We apologize for this inconsistency in our terminology and have changed “cricothyrotomy” to “cricothyroidotomy” (in the Abstract on Page 2)