Author’s response to reviews

Title: Endothelial glycocalyx in acute care surgery – what anesthesiologists need to know for clinical practice

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Editorial office

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Dear reviewer, thank again you for your comments and efforts to make our manuscript better and concise.

2nd query:

The authors have not addressed this point satisfactorily. In their reply, they state their opinion that the association between endothelial glycocalyx degradation and worse outcome is "not causative". If this is so, there can be no rationale for targeting any intervention at preserving or restoring the glycocalyx.

We tried to address your comment as follows:

Understanding the role of EG in these conditions is of paramount importance as further damage to the EG can likely play a role in clinical deterioration of the patient, i.e. capillary leakage and interstitial oedema, thrombosis, loss of immune-surveillance and multiorgan failure.
We did our best, however in the case you would not be satisfied with our proposed correction I would like to ask you to help us and propose wording that would satisfactorily completely reflect your comment. Probably due to not being English native speaker we are missing correct words to describe it better, so we would really appreciate your help in that matter.

3rd comment:

The point I am suggesting could be made is: "While there is extensive preclinical evidence for the ability of FFP in preserving the EG, suggesting a role beyond its current indication as a source of coagulation factors, this evidence is currently lacking for preparations of factor concentrates that are currently marketed and recommended as alternatives. There is currently insufficient clinical evidence upon which to recommend FFP over factor concentrates in this respect, but arguably there is both rationale and equipoise for a randomised controlled trial".

We have changed paragraphs in revised manuscript accordingly.

Thanks, Vladimir Cerny on behalf of authors

15.11. 2019