Author’s response to reviews

Title: ACUTE RESPIRATORY FAILURE SECONDARY TO A CERVICAL GOITRE IN A PREGNANT WOMAN: A CASE REPORT.

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Author’s response to reviews:

Thank you very much, Reviewers and Editor-in-Chief to have read and correct this article. Thank you very much for your guidance and your pertinent remarks.

Editor comments:

For Declarations:

*"ACKNOWLEDGEMENT:" This part is to acknowledge those who contribute to the study while not eligible to be listed as authors, please state "None" if no others.

*"AVAILABILITY OF DATA AND MATERIALS:" , please use this statement "All data generated or analysed during this study are included in this published article ."

*"ETHICS APPROVAL AND CONSENT TO PARTICIPATE:" , please use this statement "Not applicable".

*"CONSENT FOR PUBLICATION:" use this statement "Written informed consent for publication of the clinical details and clinical images was obtained from the patient. Written
informed consent for publication of the clinical details and clinical images was obtained from the patient.

Response for editor comments:

Thank you for your attention.
The requested changes are made.

Reviewer reports:

Michael Sramek (Reviewer 1):

Potentially relevant case report. However, needs some re-writing to ameliorate the writing-style, c.q. make the report better understandable.

Response reviewer 1:

Thank you for your attention.

Following your instructions, I made some changes in the writing-style, to make the report better understandable.

Reviewer 2 (Reviewer 2):

PEER REVIEWER COMMENTS:

Response peer reviewer comments:

The full report from the academic peer reviewer are seen. The requested changes are made.

REVIEWER COMMENTS FROM REPORT:

This is an interesting case, particularly that the goiter caused respiratory failure, which I agree is very rare. The authors describe the case in detail, which is good. However, the writing of this case still needs much work before it would be ready for a peer-reviewed journal. Specifically, this manuscript requires substantial copyediting to improve the writing. It reads more like a chart or a radiographic read than a polished paper ready for a general audience. It is also
somewhat puzzling why airway intervention was not initiated earlier, particularly in the context of the low po2. There also needs to be more discussion of why this lead to respiratory arrest, ie how did the trachea become compressed acutely? Also, the discussion about videolaryngoscopes seems somewhat out of place since one was not used in this case.

Response reviewer comments from report:

☐ Following your instructions, some changes are made in the writing-style, to make the report better.

☐ Why airway intervention was not initiated earlier, particularly in the context of the low po2?

After the initial examination of the patient by a junior doctor and given the patient's gradual onset of dyspnea and anxiety, she was admitted to the observation room after oxygenation intranasally. Thoracic surgeons and gynecologists have been informed. The prognosis of the patient was underestimated and the evolution was rapidly progressive to decompensation of respiratory function requiring his transfer to ICU for better management and revaluation. once in the USI, time to monitor the patient and prepare for intubation equipment was enough for the patient exhausts its respiratory function.

The requested changes are made.

☐ There also needs to be more discussion of why this lead to respiratory arrest, ie how did the trachea become compressed acutely?

Regarding our patient the rapid progression to respiratory arrest is related to the addition of several factors: obstructive respiratory failure due to compression by tracheal goiter, restrictive respiratory failure caused by decreased diaphragmatic mobility, the shunt effect related to the decrease of the pulmonary volume and in particular the maintenance of the late goiter before or during the first months of pregnancy as well as the underestimation of the respiratory prognosis in the hospital.

The requested changes are made.
The discussion about videolaryngoscopes seems somewhat out of place since one was not used in this case.

You are right. The discussion should be limited to the elements used during the care.

The requested changes are made.