Author’s response to reviews

Title: Serious postoperative complications induced by medical glue: three case reports

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Author’s response to reviews:

Dear Editor,

We are truly grateful to your and other reviewers’ positive and constructive comments and thoughtful suggestions concerning our manuscript entitled "Serious postoperative complications induced by fibrin glue: three cases reports" (Manuscript# BMGE-D-18-00579_R1). Based on these comments and suggestions, we have made careful revisions. All comments have been incorporated in this revised version of the manuscript (highlighted in red color and underlined). Below you will find our point-by-point responses to the reviewers’ comments and questions.

This revised manuscript has been edited and proofread by a professional medical editing company.

We would like to express our great appreciation for the review of our paper. Look forward to a favorable response from you.
Sincerely yours,

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Editor Comments:

1. Please have the text edited by a professional language editing service (please see some recommended services below). There are many issues with grammar, wording, spelling, and/or punctuation that need to be addressed.

Response: This manuscript has been extensively edited and proofread by a professional medical editing company (highlighted in red color).

Reviewer #1:

Please revise English grammar and specify relation between intraoperative recovery and clinical signs.

Response: The revised manuscript has been extensively edited and proofread for all language-related errors. The postoperative period was uneventful in all patients with successful resolution of clinical signs and symptoms. We have added a brief note about the postoperative course and clinical signs at the time of discharge in each case report. (Page 5 line 19-20, Page 6 line 12-13, Page 7 line 6-8)
Reviewer #2:

1. Page 2 line 24 hemofecia is not a word I think you mean hematochezia
Response: We have corrected the error in the revised manuscript (Page 2 line 9).

2. what do you mean by "foreign bodies" in the abstract. Were these fibrin concretions? Needs explaining
Response: The incorrect expression ‘foreign bodies’ has been replaced with the expression ‘fibrin concretions’ (Page 2 line 12).

3. the phrase "massive researches " is not appropriate use "a great deal of research has"
Response: The relevant sentence has been extensively edited both in the abstract and the main body of the revised manuscript (Page 4 line 2-3)

4. The data as in ref 3 is anecdotal and many other references do not support this claim. Delete the reference to colorectal anastomoses
Response: Thank for your positive suggestion. We have deleted the sentence “Cyanoacrylate glue avoids anastomotic leakage through reinforcing the strength of colorectal anastomosis [3]” and the reference 3.

5. Page 4 when describing the foreign bodies seen on endoscopy be certain to say that they were seen "eroding into the duodenal lumen"
Response: We have corrected the sentence in the revised manuscript (Page 5 line 5)

6. Case 1 please describe how fibrin glue was used and where during the laparoscopic colectomy
Response: We have described where and how fibrin glue was used during laparoscopic colectomy in the second paragraph of the Discussion and Conclusions section (Page 7 line 10-13).
7. Page 3 line 39 what is Schulze evagination" reword this entire part from line 36 to line 45
Response: The relevant part has been extensively reworded (Page 5 line 7-10).

8. Page 3 line 53. What do you mean by " three vascular clamps" were these metal instruments left in the abdomen after the prior operation? I do not see them in the CT. It appears that you are using the phrase "vascular clamps" inappropriately are these vascular cold?
Response: The expression “vascular clamps” has been replaced with “hem-o-lock clips” for better clarity (Page 5 line 12, 15, 16 and Page 7 line 15).

9. Did patient 3 get operated because of peritonitis?
Response: Yes. The diagnosis was abdominal internal hernia with intestinal obstruction and peritonitis (Page 6 line 22).

10. Page 5 line 31 change enteroscopy to colonoscopy
Response: The term enteroscopy has been replaced with colonoscopy (Page 6 line 3).

11. Where was the fibrin glue used in the previous operation and what is an "uplift"?
Response: We have described where fibrin glue was used in the 4th paragraph of the Discussion and Conclusions section. The word “uplift” has been replaced with “protrusion” (Page 6 line 4).

11. Page 5 line 34 change to colonic lumen.
Response: The word “enteral cavity” has been replaced with “colonic lumen” (Page 6 line 6).

12. How can a CT describe "turbid surrounding fatty space" do mean chronic inflammation or phlegmon?
Response: "Turbid surrounding fatty space" refers to inflammatory response in the surrounding fatty tissue. We have replaced the expression “turbid surrounding fatty space” with “unclear surrounding fatty gap” (Page 6 line 7-8).
13. Page 5 line 39 did this patient have peritonitis such that you call it colonic perforation. If not the a better phrase would be "colonic erosion"

Response: This patient did not have peritonitis. As suggested, we have replaced the expression “colonic perforation” with “colonic erosion” (Page 6 line 8).

14. Page 6 line 9 what do you mean by "effusion of the small intestine ”? do you mean air fluid levels?

Response: Thanks for the advice. However, the small intestine was full of fluid but did not contain air. Therefore, I believe “effusion of the small intestine” is a better expression.

15. Why was a partial eneyrectomy necessary? Did you make an enterotomy during mobilization or was the bowel strangulated?

Response: The bowel was strangulated, which had resulted in intestinal necrosis. We have used the expression “resulted in intestinal necrosis” in Case 3 (Page 7 line 3-4).

16. Page 10 line 47 change "incarcerated" to "eroding into"

Response: The word “incarcerated” has been replaced with “eroding into” in Figure 1 (Page 13 line 3).

17. My best advice to you is to get help from a scientific editing service- no journal will accept a manuscript that has so many problems with English. I am very sympathetic to you and the difficulties writing in a non native language but you really need help. Use a service that is scientific not just a native English speaking service. You have a definite message and one that is not well appreciated but for it to be publishable you need to be able to describe the problem well. Good luck.

Response: Thanks for the advice. The revised manuscript has been extensively edited and proofread by a professional medical editing company.