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 the positive and constructive comments as well as thoughtful suggestions shared with regard to our manuscript entitled "Serious postoperative complications induced by fibrin glue: three case reports" (Manuscript# BMGE-D-18-00579_R2). We undertook a careful revision of our manuscript, an incorporated all of the suggested changes (underlined text in red colored font). We have submitted our point-by-point responses to the reviewers’ comments and questions below this letter.

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

We would like to express our deep appreciation for your review of our paper, and hope the revised manuscript is found suitable for publication in your esteemed journal.
Reviewer reports:

Reviewer 2 (Reviewer 2): REVISION ASSESSMENT FROM THE ACADEMIC PEER REVIEWER:

This paper has a definite message but it is very poorly written and the editing service they used did a VERY LOUSY JOB. This "editing service" does not have editors who are scientists or clinicians and it is obvious. I would suggest that the authors send my review back to them and ask for their money back. I would suggest that the editor of the respective journal uses his/her editors to make this more acceptable. I GAVE MANY SUGGESTIONS BUT THERE ARE MANY OTHER POORLY WORDED PLACES AS WELL.

ADDITIONAL REQUESTS/SUGGESTIONS:

Are there other changes that need to be made?

1. Page 2 line 4 Add the phrase "of intestinal anastomoses or sites of potential leakage of fluid" after the word "reinforcement". Also I have no idea how fibrin glue has been used for "wound protection"! Delete this and replace the term "adhesion" with "adhesion of two structures together"

Response: Thank you for this suggestion. We have revised the manuscript to include these changes. (Page 2 line 4-5).
2. Line 9 Don't you mean "intestinal obstruction"? It would make more sense

Response: Thank you for this suggestion. We have revised the manuscript to include these changes; “failure to pass flatus and stool” has been changed to “intestinal obstruction” in the revised manuscript. (Page 2 line 9).

3. Line 14 Replace the phrase after the word "and" with "an internal hernia related to use of fibrin glue"

Response: Thank you for this suggestion. We have revised the manuscript to include these changes; the phrase after the word "and" has been replaced with "an internal hernia, all of which was related to MG use" (Page 2 line 14)

4. Line 16 Replace "duodenal suturing" with "operative closure of the site of duodenal erosion"

Response: Thank you for this suggestion. We have revised the manuscript to include this change. (Page 2 line 15-16)

5. From now on I will not correct every inappropriate use of words or phrases of which there are many-this is for the journal editors to do, but I will address places that are unclear or meaningless

Response: Thank you for this suggestion. We have revised the manuscript to include the suggested changes with regard to the use of appropriate terminology.

6. Page 4 line 7 Delete the word "patch", no idea what you mean by this term

Response: Thank you for this suggestion. We have deleted the word "patch" (Page 3 line 8)

7. Page 4 line 3 Better not specify just FG and use the term "tissue glues" instead of FG because your references are not all on FG, same on line 12. Then start a new paragraph on line 17 to from now on limit the paper to FG- remember your paper is on FG not all tissue glues.

Response: As suggested, we replaced “FG” with “MG” in line 3 and line 13, replaced “FG” with “fibrin glue” in line 10 and started a new paragraph on line 18
8. Line 8 What is tissue "shielding"? I have absolutely no idea and I am a surgeon! This needs to be reworded

Response: Thank you for this suggestion. We replaced the phrase “shielding with” with “coverage” (Page 4 line 9)

9. Page 5 line 3 Delete the word "radical"

Response: Thank you for this suggestion. We have deleted the word (Page 4 line 6)

10. Page 5 line 4 Change "gastroscope" to "upper endoscopy"

Response: Thank you for this suggestion. We have changed "gastroscope" to "upper endoscopy" (Page 5 line 6)

Then the phrase “foreign bodies covering the anterior aspect of the duodenum”...how can endoscopy show this?- delete it or if you mean these foreign bodies were seen on CT then add it to the next sentence.

Response: Thank you for this suggestion. As shown in Fig. 1A, endoscopy showed that foreign bodies were embedded in the anterior aspect of the duodenum; we replaced the word “covered” by “embedded in” (Page 5 line 8)

11. Line 10 Delete "turbid surroundings fatty spaces", this terminology is meaningless ( your editing service did not give you good advice !) change to loss of the fat plane between the serosa of the duodenum and the surrounding inflamed retroperitoneal tissue. This entire sentence needs to be reworded "rough edge of local intestinal wall" is sloppy and not appropriate.

Response: Thank you for this suggestion. We have changed the word and rephrased the sentences. (Page 5 line 11-14)

12. Line 12 What does "colloidal" mean? Again the editing service did a lousy job!

Response: Thank you for this suggestion. (Page 5 line 15)
13. Line 14 What do you mean passed through the mesentery?
Response: Thank you for this suggestion. We replaced the phrase “passed through by” with “pierced” (Page 5 line 17)

14. Line 15 "intermittent" should be changed to "interrupted", again lousy job by editing service I would ask for your money back and show them this review!!!!!
Response: Thanks for your advice. We replaced “intermittent” with “interrupted”. (Page 5 line 19)

15. In case 1 did you do any pathological evaluation of the foreign bodies? Did the previous operative note describe the use of FG during the case? How do you know they used FG instead of other tissue glue? You need to define this exactly and not make any assumptions. See line 2 page 5
Response: Thank you for this suggestion. We realized that the term fibrin glue was inappropriate; therefore, “fibrin glue (FG)” has been changed to “medical glue (MG)”; all three cases received N-butyl-2-cyanoacrylate medical glue (NBCA MG; in operation records), and we have stated this in the case presentation.

16. Page 5 line 2 What type of an ovarian "tumor"? This may be very important!
Response: Thank you for this suggestion. The tumor was an “ovarian cyst” (Page 5 line 6).

17. Page 5 line 4 Change to "mass protruding into the lumen surrounded by a hard, dark brown substance at 50cm from the anus"
Response: Thank you for this suggestion. We have rephrased this sentence. (Page 5 line 8-9)

18. Line 5 "non-uniform" what do you mean? Heterogeneous? Localized? Non-uniform is meaningless
Response: The phrase “non-uniform” was changed to “inhomogeneously thickening” (Page 5 line 10)
19. Line 7 "rough" is meaningless

Response: Thank you for this suggestion. We have reworded the sentences describing the report of the abdominal CT (Page 5 line 9-12).

20. Line 7 "unclear surroundings fatty gap" is meaningless, your editing service did a lousy job!!!!!!! This is not scientific or clinical terminology, ask for your money back!

Response: Thank you for this suggestion. We have reworded the sentences pertaining to the abdominal CT (Page 5 line 9-12).

21. Line 11 "entero-anastomosis" is not appropriate, why not just say "with a primary colo-colostomy" which is the appropriate word

Response: Thank you for this suggestion. We have changed “entero-anastomosis” to “with a primary colo-colostomy”. (Page 5 line 15)

22. Page 6 line 20 "effusion" again is not appropriate, say "revealed dilation and fluid distension" Line 21 I really doubt that the diagnosis preoperatively was "internal hernia", it would have been "adhesive obstruction" preop diagnosis of an internal hernia is quite unusual!

Response: Thank you for this suggestion. We have changed the phrase “revealed dilation and effusion” to "revealed dilation and fluid distension". The diagnosis of “internal hernia” was intraoperatively confirmed; we found that a partial segment of the small intestine had entered the hernial ring formed by the adhesion of the appendix and the mesocolic root. (Figure 1 I)

23. Page 7 lines 4 and 5 Where are the foreign bodies located? Did they form the "hernia ring? If not, then how can you say the intestinal obstruction was related to the use of FG? If not you had better delete this case.

Response: Thank you for this suggestion. As shown on Page 7, line 7-8, On adhesiolysis, we observed hard foreign bodies at the root of the mesocolon.; we added “at the root of mesocolon” at the end of the sentence. (Page 6 line 9-10)
24. Page 7 line 16 This needs to be added to line 4 page 4 and what do you mean by "massive volume"? Better be exact! Do you have the amount of FG they used? if not then you cannot say "massive volumes"

Response: Thank you for this suggestion. We have specified the “hemostasis” in line 3 of page 3, which is mentioned in a reference, and have deleted “massive volumes “

25. Page 7 line 20 how can you say that it was an "overdose”? How much did they use? Do you know? If not then do not make claims that you cannot prove

Response: The instruction of the medicine glue said that “It is appropriate to spray the medical glue in the wound for a continuous spray of 1~ 2 times (5-10cm distance from wound, the effective area of spray glue 1 time was about 10-30cm2, 0.15ml). The medical glue will be solidified into a membrane in 5-15 seconds, which will be closed to the organ and tissue and will achieve hemostatic effect. And “If excessive amount of glue is used, the glue solution can be evenly smeared using the front of the straw within 2 seconds after the use of tissue adhesive glue, or the excess colloid can be wiped off with sterile dry gauze or dry cotton swab, so as to achieve the purpose of thin and even adhesive membrane”. The manufacturer’s instructions state it is better to make a “membrane” and tell the doctors to not use excessive amounts of glue. In our cases, hard foreign bodies were found, which obviously indicates an overdose and not a “membrane”.

26. Page 7 line 22 Why not just say "these foreign bodies from the nondegraded FG then eroded the colon causing an intestinal obstruction" because that is what you found!

Response: Thank you for this suggestion. Case 2 was diagnosed with “colonic erosion” and not “intestinal obstruction”; approximately 50 cm from the anus, a 1.5×1.5 cm2 irregular mass protruded into the lumen and was surrounded by a hard, dark brown substance, but it did not caused “intestinal obstruction”.

27. Page 8 line 4 Again you claim "overuse of FG", reword and just say "use of FG appears to have caused" and delete the phrase "excessive adhesions" Line 7 you claim that the "spraying thickness" is important -how do you know that? Lines 8 and 9 do you have any evidence of this? You are making too many statements that you cannot prove. Line 11 change to "Excessive application of FG appears to be able to lead to the". Then later on delete the term dosage and spraying thickness” and just say "amount” here as well as on line 19
Response: Thank you for this suggestion. We have replaced “overuse of FG” with “use of MG appears to have caused”, and deleted the phrase "excessive adhesions". In the instruction of the medicine blue, it was said that “If excessive amount of glue is used, the glue solution can be evenly smeared using the front of the straw within 2 seconds after the use of tissue adhesive glue, or the excess colloid can be wiped off with sterile dry gauze or dry cotton swab, so as to achieve the purpose of thin and even adhesive membrane”. Therefore the "spraying thickness" is important and we did not delete the term dosage and spraying thickness. But we have deleted sentences in lines 8 and 9, and changed line 11 to "Excessive application of MG appears to lead to the". (Page 8 line 8-13)

28. Page 13 Delete frames c, g, j, and l, they add little to your paper

Response: Thank you for this suggestion. As suggested, we deleted frames c, g, and j. However, we did not delete the frame l, because the figure indicates the location of the internal hernia.