Author’s response to reviews

Title: Endoscopic dacryocystorhinostomy with an otologic T-type ventilation tube in repeated revision cases

Authors:

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Author’s response to reviews:

Reviewer reports:

Minwook Chang (Reviewer 1):

Overall this is an interesting paper on the effectiveness of modified EN-DCR using T-type ventilation tube. However there are a lot of English language issues that need to be addressed before this is accepted: someone who is fluent in English needs to thoroughly read and edit the manuscript.

Response: the entire manuscript has been edited and proofread.

In the methods section, the author should describe about the design of this study, whether prospective or retrospective.

Response: this is a prospective study and this information has been added in the method section as “This is a prospective study where 22 patients who had previously undergone at least once failed EN-DCR were enrolled in our study during January 2008 to December 2011.”

Page 4, line 29-33, the author should annotate proper reference to the following sentence, “high deviated septum, which might influence the surgery effect.”

Response: the reference for this sentence has been added.
The description of the surgical technique is hard to understand. Especially the figures are not understandable. More detail figures or schematic drawing easy to understand are necessary. Adding a video file for this technique can be a good way to explain.

Response: We revised the Figure 1 by adding some text to make it more clear. Besides, a supplementary surgery video was provided as supplementary materials.

In the results section, in table 2 the author should compare the number of revisional surgery, the reasons of failure, timing from last failure to revision and compare them between two groups which may affect the success rates.

Response: the detailed information for the control group has been provided in Table 2 and described as “Of these patients, 18 cases have previously undergone revision EN-DCRs twice and 1 case has undergone revision EN-DCRs three times. The time from last failed DCR to recurrence of epiphora varied from 6 to 35 months with a mean time of 12.5 months (Table 3).”

Adit Gupta, MD (Reviewer 2):

The authors very well describe their experience with Modified En DCR with T tube in this article.

Although, this sounds like a novel idea, it has been tried before with gelfoam used to appose the flaps around the intubation tubes.

Also the use of 22 controls adds no importance in the context of this study. Were these 22 control cases primary EN DCRs or failed? The success rates seem extremely low for even failed cases. There are previous case series where more success rate has been reported for revision EN DCR procedures.

(Ref: Surgical outcomes of primary and revision endoscopic dacryocystorhinostomy. Korkut AY1, Teker AM, Yazici MZ, Kahya V, Gedikli O, Kayhan FT)

Response: the 22 control cases were primarily EN-DCR, and the detailed information for the control group has been provided in Table 2.

Also was Mitomicin-C used in any of the cases? It has shown to affect the success rates in some studies.

Response: Mitomicin-C was not used in any of the cases, so our studies between each group should be comparable.
The grammar and sentence construction needs to be improved throughout the manuscript.

Response: the entire manuscript has been edited and proofread.

(Abstract: Line 18: Spelling of receiving is incorrect Line 46: Using a T-type ventilation tube can significantly improve the success rate of surgery- Wrong grammar use)

Response: the spelling has been corrected and the sentence has been changed to “The usage of a T-type ventilation tube can significantly improve the success rate of surgery.”

A video of the procedure would be of more value as understanding the description of the tube insertion procedure is not well understood.

Response: We provided a video of surgical procedures as supplementary material in this revision.

Michelle Sun (Reviewer 3):

The authors have presented a study comparing endo DCR alone vs endo DCR with otologic T-tubes. Unfortunately the authors have not provided any clinical information regarding the 'control' group and hence comparison of the two groups is difficult. The authors mention 'There were no significant differences in age or gender distribution between the experimental and control groups' but do not specify any further information - had the control group undergone external vs endoscopic/were there more repeat cases/were there more complicated cases etc etc.

Response: the detailed information for the control group has been provided in Table 2 and described as “Of these patients, 18 cases have previously undergone revision EN-DCRs twice and 1 case has undergone revision EN-DCRs three times. The time from last failed DCR to recurrence of epiphora varied from 6 to 35 months with a mean time of 12.5 months (Table 3).”

Furthermore, the authors report a 'significantly' higher rate of complication with the conventional endo DCR vs DCR with tubes but do not actually specify what these complications were - the second line of table 3 is obsolete and provides no additional information. The authors are encouraged to revise this manuscript such that the two groups can be adequately compared.
Response: the complications for control group has been described in more detail in the result section as: “In the patients undergoing conventional DCR, 6 patients suffered from eyelid edema and 8 patients suffered from bleeding spots, and 4 patients experienced epiphora, significantly higher than modified EN-DCR after undergoing conventional DCR (90.0% vs 13.6%, P<0.0001)”. Table 3 (now Table 4) used chi-square test so only one value shown on the first line in this table.