Author’s response to reviews

Title: Experience of an Endocrine Surgeon in Laparoscopic Transperitoneal Adrenalectomy

Authors:

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Author’s response to reviews:

Dear Editors,

We sincerely thank you for your careful consideration and detailed review of our manuscript.

As you suggested, we made notably changes in our manuscript. We tried to explain our views on the points that we suggest not to change.

We hope you find our revised manuscript satisfactory and we look forward to seeing it published.

You can find our changes in a separate file [Teksoz_MainText_Tracked.docx]. Point-by-point explanation of your notes are as follows:

Celestin Danwang (Reviewer 1)

1) We’ve added the reference for the first sentence, reordered references and added the reference mark for the second sentence.
2) We mean that the data was prospectively coded into database at the time of the operation and then, after some time, the data obtained and reviewed retrospectively. This method is quite popular in retrospective surgical studies and can be found regularly in literature. Such as ‘Retrospective analysis of prospective maintained databases of two centers for the “Interdisciplinary Treatment of Obesity” was performed.’ Vitiello, A. et al. Bariatric Surgery Versus Lifestyle Intervention in Class I Obesity: 7–10-Year Results of a Retrospective Study. World Journal Of Surgery, 43(3), 758-762. doi: 10.1007/s00268-018-4847-8

3) As suggested, we added parametric tests to our analysis and updated our manuscript.

4) Although it’s easier to read when the results are explained in detailed sentences for general reader; we argue that having tables and leaving results in parantheses are faster to read and easier to understand for readers of surgical studies. Such as in Inge, T. et al. (2019). Five-Year Outcomes of Gastric Bypass in Adolescents as Compared with Adults. New England Journal Of Medicine, 380(22), 2136-2145. doi: 10.1056/nejmoa1813909


6) We’ve removed the mistakenly placed “has”

Marco Petrillo (Reviewer 2)

b) The title and the running title changed accordingly.
c) Risk of conversion is truly a interesting issue, therefore we reanalysed our data as you suggested. Our findings show that there are no significant differences between risk factors of two groups. As we already discussed the causes of conversions in Table 3, we added our latest analysis results into Morbidity – Conversions part.

d) As the procedure and approach majorly differs in left, right, bilateral adrenalectomies; we suggest to conserve Table 1. Also, one may suggest different pathologies can have different operative results, so we suggest to conserve Table 2 as well. Statistically differences and p values were discussed in results section.

e) As the CONSORT diagram is used for parallel randomized trials, and our study is retrospective and not randomized, we were unable to add it to our manuscript. But we added a overall population and eligibility figure (reordered as Fig. 1) to hopefully address your point.

Sincerely,

Serkan TEKSÖZ, M.D.

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