Author’s response to reviews

Title: Trans-hiatal Repair for Oesophageal and Junctional Perforation: A Case Series

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Version: 2 Date: 17 Feb 2020

Author’s response to reviews:

Dear Reviewers,

Thank you for your kind feedback. Below is a point-by-point response to the requested revisions. We thank you again for your consideration of our manuscript to be published in your esteemed journal.

Best regards,
Adele Lee

1. Review Comments (1+2)

-- Please see the reviewer comments below.

2. Abstract

-- Please ensure the abstract on the submission system matches the abstract within your manuscript file.

✨ This has been corrected.

3. Consent for Publication
-- Please clarify written consent to publish was obtained from ALL patients for the publication of potentially identifiable information.

♣ This has been clarified (line 259).

4. Cite

-- Please ensure that all figures/tables and supplementary files are cited within the text. Any items which are not cited may be deleted by our production department upon publication.

♣ All 5 figures attached are referenced in the manuscript.

5. CARE

-- Please remove the CARE checklist from your file inventory as it is not required at this stage in the editorial process.

♣ This has been removed.

6. Clean Manuscript

At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files. Please ensure that all figures, tables and additional/supplementary files are cited within the text.

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Reviewer reports:

Zubair Bayat (Reviewer 1): Thank you for your work in developing this manuscript. Some suggestions:

1) I feel that the greatest strength of this paper lies in the algorithm proposed - other studies may use it as a starting point, and it may guide clinical practice. For completeness sake, it may be
worth noting in the figure caption (and/or the text) that the algorithm applies only to patients with acute esophageal/junctional perforations.

This has been added. (Line 349)

2) Many reports describing successful laparoscopic repair have been published in the past. In addition to the algorithm that has been developed, the literature review that has been undertaken will be of value going forward. When laparoscopic repair is undertaken, surgeons must accept that pleural effusions can be drained but not washed out. The authors might consider reporting how often patients (with salivary effusions) in previous literature require decortication in the future, given that they have already collected and synthesized this literature (if they feel this would be valuable).

This has been addressed. (Line 208 to 214)

Eric Goudie (Reviewer 2): The authors have considered the comments and answered the questions of the reviewers. However, I disagree with the following statement: "Hence, in surgical candidates who can tolerate a definitive procedure, definitive repair is preferred over endoscopic management to control sepsis and prevent deterioration." (Lines 177-179) and with the algorithm presenting endoscopic treatment only as a last resort for patients who cannot tolerate surgery. Perhaps the authors can nuance this statement.

I have changed the sentence to 'Hence, in surgical candidates who can tolerate a definitive procedure, definitive repair is considered to control sepsis and prevent deterioration.' (Line 177 to 179). I have also mentioned additional situations where endoscopic therapy would be considered. (Line 188 to 190)

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- Consent to publish
- Availability of data and materials
- Competing interests
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