Author's response to reviews

Title: Successful surgical treatment of Cronkhite-Canada Syndrome with bilateral flail chest: a case report

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Author's response to reviews:

Dear Prof. Taylor,

Thank you very much for your decision letter and advice on our manuscript (Manuscript BSUR-D-19-00918R1) entitled “Successful surgical treatment of Cronkhite-Canada Syndrome with bilateral flail chest: a case report”. We also thank the reviewers for their comments. We are pleased to have the opportunity to address their concerns. All amendments are indicated by red color in the revised manuscript. In addition, our point-by-point responses to the latest comments are listed below this letter.

This revised manuscript has been edited and proofread by Medjaden Bioscience Limited.

We hope that this further revised draft of the manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Zhihong Li.

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.
Replies to Reviewer 1

Specific Comments

1. This is a case review of CCS and the development/treatment of flail chest as a result of the disease. The paper is clear and a decent representation of the patient.

Title page is appropriate, but I'm a bit concerned about the sheer number of authors on a simple case report. Seven authors are not usually needed for a case report.
Response: Thanks for raising this issue. The treatment of this patient was complicated and involved multiple specialists including thoracic surgeons, oral and maxillofacial surgeons, anesthesiologists and pathologists. All the concerned specialists were also involved in manuscript editing and preparation of the final manuscript. Hence, there are seven authors for this case report.

2. Abstract: concise and appropriate. You list that the patient underwent twice - not needed as a descriptor here - the anterior/posterior is enough info. How long was the follow up? You should mention this.
Response: Thank you for your suggestion. The last follow up was 6 months after discharge from the hospital. Several sentences have been changed in the abstract. (Page 2, Lines 34-35)

3. Background: good descriptions.
Line 49 - are there any other reports of rib fx in this disease? If so, please mention here.
Response: Thank you for the comment. We have revised the manuscript accordingly.

Line 93- did he undergo two surgeries or did you fix them both in one anesthetic? Why different devices for different ribs? What approaches did you use? Were these muscle sparing or cutting? It looks like you plated onto the transverse processes posteriorly - is this correct? More information about the procedure is key here. Why was he intubated so long?
What is the length of final follow up? Any final x-rays?
Response: Thank you for your queries. Several sentences have been added in the case presentation accordingly. (Page 5, Lines 95-101,106-107)
1. The patient underwent operations twice because the first operation took a long time and the patient could not tolerate it.
2. The upper ribs at the top of the pleura and the easily exposed ribs were fixed by memory alloy fixation. The ribs close to the spine and sternum were not hard enough for alloy fixation due to the CCS. Hence, we used titanium plates with one end fixed to the paraphysis of the spine or the sternum.
3. We performed the operation via two bilateral curved incisions on either side. Mainly the muscles were retracted and at few places muscle cutting was done.
4. Postoperatively he developed respiratory muscle weakness and respiratory failure. His symptoms improved very slowly and had become ventilator-dependent requiring tracheostomy and prolonged ventilatory support.
5. The last follow up was at six months after discharge.
5. Discussion: great discussion

line 160: you mention that 3d CT is helpful but don't list a reference. here's a good one for this fact: Pulley BR, Taylor BC, Fowler TT, Dominguez N, Trinh TQ. Utility of three-dimensional computed tomography for the surgical management of rib fractures. J Trauma Acute Care Surg. 2015 Mar;78(3):530-4.

Response: Thank you for your suggestion. This reference has been added in the References. (Page 8, Lines 167) and Discussion (Page 13, Lines 306-308).