Author's response to reviews

Title: Treatment of Bronchopleural Fistula with Carbolic Acid instilled through Bronchofiberscope in post-pulmonectomy patients

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Author's response to reviews: see over
Response to Editor and Reviewer

Dear Editor,

We are pleased to send you our revised manuscript entitled “Treatment of Bronchopleural Fistula with Carbolic Acid instilled through Bronchofiberscope in post-pulmonectomy patients”.

To address the critiques of the reviewers, we revised our manuscript according to the reviewer’s suggestions. Our detailed response to the reviewer’s questions is enclosed. We believe the manuscript has been improved and hope that you will now find it acceptable for publication in “Journal of Cardiothoracic Surgery”.

Reviewer #1:

Answers to Reviewer #1

Major Compulsory Revisions

1) Question: This article refer to cases of post-pneumonectomy BPF but 3 of the 12 patients had no pneumonectomy. You must either reformulate the title or remove its three patients in the analysis.

Answer: Thank you for your valuable advices, and we are sorry for our lack of consideration, our research truly included both patients undergoing pneumonectomy and lobectomy, thus we revised our title as “Treatment of Bronchopleural Fistula with Carbolic Acid instilled through Bronchofiberscope in post-pulmonectomy patients” and corresponding contents in our manuscript.

2) Question: Authors should be more balanced in the conclusion of the article
because it is a small series. It would rather make this technique can be a support for post-surgery BPF as other techniques described in the literature

Answer: Thank you for your comment, and we have revised our conclusion to make it more balanced as follows:” Our results revealed that instillation of 100% carbolic acid with BFS to treat BPF was 100% effective, which can be a support for post-surgery BPF”.

3) Question: Minor Essential Revisions

The authors in their introduction should discuss the use of carbolic acid validated in medicine (dermatology in particular)

Answer: Much appreciation for your advice, and we have added some references about the use of carbolic acid in medicine in our introduction part as follows:” 88% carbolic acid was found to be efficacious with all alopecia areata patients and can be considered as a treatment of choice for stable alopecia areata (Fruchter et al., 2012). Moreover, spot peel with 88% phenol can be a cost-effective procedure for idiopathic guttate hypomelanososis, which can be combined with other medical therapies (Fruchter et al., 2011)”.

4) Question: Minor issues not for publication

Warning, there are mistakes in abbreviations particularly in abstract (BFP instead of BPF)

Answer: Sorry for our mistakes, and we have carefully checked our abbreviations and revised our manuscript thoroughly.
5) **Question: Quality of written English:**

Needs some language corrections before being published

**Answer:** Thank you for your comments, and we have carefully revised our manuscript thoroughly.

**Answers to Reviewer #2**

1) **Question:** The manuscript: 'Treatment of Bronchopleural Fistula with Carbolic Acid instilled through Bronchofiberscope in post-pneumonectomy patients is a well written manuscript on an important topic. The design of the study, the methodology and the results are well described. My only comment is that more historical and comparative data regarding alternative methods to seal BPF such as amplazer devices and amplazer plugs should be provided. Other than that I find the manuscript interesting and following minor changes suitable for publication.

**Answer:** Thank you for your valuable advices, and we have added some reference in our introduction part to provide more historical and comparative data regarding amplazer device and amplazer plug methods to seal BPF as follows:” *Amplatzer vascular plug, which was originally designed for the transcatheter closure of vascular structures, has also been reported as a safe and effective method to treat small postoperative BPF (Chikhalkar, Jerajani, & Madke, 2013).* Fruchter et al. also found that the technique of Amplatzer double-disk occluder implantation may be suitable for both large and small BPFs which originate from the main bronchi and
lobar bronchi, respectively (Ravikiran, Sacchidanand, & Leelavathy, 2014).”

We did our best to answer the reviewers’ comments in the revised manuscript, and we thank the reviewers for their encouraging comments regarding our study.

Thank you and best regards.

Yours sincerely,

Prof. Zheng Wang

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