Author’s response to reviews

Title: Outcome Of Surgical Repair Of Pectus Excavatum in Adults

Authors:

Ayman Shaalan (elwakeelazs@gmail.com)
Ebrahim Kasab (ibrahimksb@yahoo.com)
Eman Elwakeel (shalaanayman@yahoo.com)
Yusra Elkamali (yusra.kamali@riyadh.edu.sa)

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Author’s response to reviews:

Reviewer 1 :

Comments

1- English language editing
Response: Edited

2- Abstract: results section Unclear what is meant by post operative HI showed significant improvement to be mild.
Response: Adjusted

3- Conclusion statement that recurrence low not substantiated by data presented from which long term results not provided.
Response: Statement reformatted.
Our study was short term follow up, during which no significant failure noticed.

4- Introduction: Extensive discussion as to cause of pectus not relevant to article. Point of article is repair in adults. please discuss this as well as the multiple publications on adult open repairs.
Response: Adjusted and other authors' opinion added.

5- The statement that optimal surgical procedure for each patient depends on their ages is not substantiated or discussed. If you wish to make this statement then provide multiple references and discussion.

Response: Reformatted.

6- Patient and methodology: Exclusion criteria does not include patients without symptoms but later in the manuscript you say these patients are excluded.

Response: Mentioned.

7- In discussion of how you perform procedure, there is limited information, especially regarding the older adults which can be extremely difficult to get the pericondrium separated from cartilage.

Response: Mentioned in methodology(surgical procedure).

8- In your discussion you review surgical info again and it is confusing and very disjointed.

Response: Reformatted and deleted repeated points.

9- Length of hospital stay was very long. What is your criteria for discharge that patients are left hospitalized for extended time?

Results were separated into 2 cohorts for reporting some information and not other results. Where your 2 cohorts statistically comparable as groups as far as haller index and other demographic factors?

Response: Discharge criteria mentioned.

Comparable results between the 2 cohorts were mentioned. New statistical data was added.
Table 3-6 are not separated into the 2 age cohorts and should be for better comparison. Operative information needs to be included in a table along with hospitalization and complications for comparison statistically between the two groups.

Response: Table 3 deleted as it is included in table 2. Others done with addition of hospital course data plus complication in one table with comparing the two groups.

There is a significant number of patients that still have a haller index over 3 which would indicate incomplete repair and correction. This needs to be discussed as well there is no long term follow up discussed or information on long term results and durability of repair.

Response: Our study covered short term result; patients were followed for 1 year. Cases with Haller Index more than 3 were explained.

Information on patient satisfaction unclear when timing of assessment was.

Response: Mentioned and highlighted in the manuscript.

Discussion; this needs to be completely revised.

Response: Revised and modified.

Reviewer 2

Comments

1- Rhythm disturbance of 24% preop, with resolution in all but 2%, needs to be in the literature.

Response: Discussed and highlighted in the manuscript.

2- Was the postoperative resolution of atrial fib and supraventricular tachycardia documented by EKG?

Response: Mentioned.
3- What was the age distribution of the arrhythmia patients?
   Response: Clarified in table 4

4- Why did you choose to divide the age categories as you did (15-25 y.o., and >25 y.o.)?
   Response: Explained in discussion and highlighted.

5- What is the advantage of the multiple categories of Haller index? Why not just >3.2 vs. >6?
   Response: Clarified and highlighted.

6- Did all patients get bilateral chest tubes ("chest drains in both pleurae") p.4, paragraph 2. If so, why, for an extrathoracic operation?
   Response: Clarified and highlighted.

7- Please state the type of metal bar.
   Response: Steel bar.

8- Was there any metal allergy noted?
   Response: No allergy was documented.
   Mentioned in result

9- Results, please clarify, "...there were 6 cases been brothers.
   Response: Clarified, brothers from 3 families.

10- How did you determine NYHA classification? Surgeon determination? Referring doctor? Did any patients have actual heart failure, or is it just that the NYHA symptoms classification fit the patients' complaints? It would help to explain this better in the methods.
Response: All patients without heart failure, their symptoms correlated with NYHA symptoms by referring physician assessment.

(mentioned in methodology)

11- Did patients fill out a form to indicate "patient satisfaction" (p.7, last paragraph)? If so, it should be cited or added as an appendix. If not, how satisfaction was determined should be made clear (did the surgeon ask, or someone else in the clinic; how long after surgery was satisfaction assessed?).

Response: Patient satisfaction was assessed after 12 months of surgery after good recovery period, through surgeon assessment for the patients.

Points of satisfaction was mentioned in methodology.

12- p.2, paragraph 1, should be "sternal", not "sterne".

Response: Corrected

13- p. 2, paragraph 3, "Haller", not "Heller".

Response: Corrected

14- p. 4, paragraph 3, in the U.S., spelling is cefazolin.

Response: Corrected

15- p.7, vancomycin, not vancomysine.

Response: Corrected.