Author’s response to reviews

Title: SURGICAL RECONSTRUCTION FOR CONGENITAL TRACHEAL MALFORMATION AND PULMONARY ARTERY SLING

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Author’s response to reviews:

Reviewer reports:
Reviewer #2: I congratulate the author for managing the patients and writing his experience in this series of 49 patients.

Overall, the manuscript is informative, interesting and adds to the existing literature on the issue of tracheal malformations. However, there are minor issues and suggest the following comments for making it better.

1. There is repetition of words or facts in many places, for example the word "Same surgeon" and "some"...

2. The data collection section indicate -Postoperative outcomes. Can it be elaborated? what are those outcomes (parameters)?

3. Mortality section is confusing and reader can not understands it clearly. The abstract shows 4 patients died. It is unclear in the results (Mortality section). Needs revision.

4. The conclusion section is a repeat of texts from the other sections. It can be reduced to 2 lines that in author's experience slide tracheoplasty in addition to the vascular/cardiac supportive procedures is effective for similar patients and has been proved to be associated with good outcomes..

5. Minor typographical, language errors but insignificant.

Reply:

1. There is repetition of words or facts in many places, for example the word "Same surgeon" and "some"...
The same surgeon means all those cases was operated by one main surgeon this is the first author of this manuscript (Dr. Vu Huu Vinh). Operations could be performed in several hospitals. The reason for that is at that time, the author (also being the surgeon) was the chief of Thoracic Department of Choray Hospital and also Senior consultant physician in Cardiothoracic in Pediatric No.2 Hospital. Our patients in this series include patients of those two hospitals. Very few patients were in other surrounding hospital such as Pediatric No. 1 and Hochiminh city University Hospital but also operated by the author as a main surgeon.

Some other surgeons might participate into operations in this series but their roles were just only first or second assistants to the main surgeon (the author).

2. The data collection section indicate -Postoperative outcomes. Can it be elaborated? what are those outcomes (parameters)?

All the patients were observed carefully after the operation. Data were collected from hospitals database. The first and most important parameters are the patient’s survival and life. Most of the cases that failed in surgery would be paid by patient’s life. They can not survive without repair surgery or unsuccessful repair operation.

The survival patients were required to have repeated examinations periodically, to evaluate the outcome of surgery and/or whenever they have symptoms requiring hospitalization, until they are free of symptom/hospitalization and completely return to their normal life.

Ct-scan (even 3D reconstruction of the bronchus) and bronchoscopy are the most commonly used tests in several initial examinations. The internal caliber and shape of the trachea and main bronchus and the degree of dyspnea are the most parameter to concern. Later, most of them were free of symptom and did not need to have strictly observation and examination.

3. Mortality section is confusing and reader can not understands it clearly. The abstract shows 4 patients died. It is unclear in the results (Mortality section). Needs revision.

Also written in the manuscript. We have 49 cases. 47 cases have only one surgery (operation). 2 case required redo operation. Among 47 cases with one operation, 3 death, no chance for redo surgery. 1 case died despite redo surgery. One redo case survives.

All the mortality cases were due severe stenosis with very long part of the trachea causing severe dyspnea.

I have revised in the manuscript:

Three patients died after the first surgery due to severe stenosis after repair surgery. No chance for them to have second (redo) surgery.

And
Two patients have stenosis not so severely but have critical stages due to postponing and delay in surgical intervention decision. They also have not god result after the first surgery and were consider for redo (second) surgery. Both of the patients had severe respiratory distress and even cardiac arrest occurring before surgery and on ventilation support. The severity of the patient compromise surgeon manipulation during the first operation. One died afterredo surgery, one survived with good result.

4. The conclusion section is a repeat of texts from the other sections. It can be reduced to 2 lines that in author's experience slide tracheoplasty in addition to the vascular/cardiac supportive procedures is effective for similar patients and has been proved to be associated with good outcomes.

Thank you for your suggestion, we will revise it by reducing have revised it as per your recommendation.

5. Minor typographical, language errors but insignificant.

We are have checking carefully and will corrected them/