Author’s response to reviews

Title: Total Aortic Arch Replacement Surgery with a Core Temperature of 34°C

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Author’s response to reviews:

Dear Prof Vipin Zamvar:

Thank you for giving us a valuable chance to revise the draft. We have responded to all comments and suggestions from the reviewers with point-by-point responses in the ‘Response to Reviewers’ box in the submission system and coloured all changes made when revising the manuscript. The English language in our manuscript has been revised again by a professional editor at American Journal Experts.

Sincerely,
Quan Li MD,PhD

Response to Reviewers

Response to Reviewer #1:

1. Comments:

The article is interesting but due to the small sample, no conclusions can be drawn about the author's technical proposal. Four cases do not allow analysis. We may be facing a great technique or the patients surviving by chance. It would be interesting to have inflammatory markers and compare them with the proposed and already established techniques.
Response:

Dear Dr. Eduardo Augusto Victor Rocha:

Thank you for your very good comments and suggestions. We have decided to adopt your suggestion. With an increased number of cases, we will conduct a clinical case-control study comparing this technique and the traditional technique in the following study. We will compare the surgical effects (including inflammatory markers, extracorporeal circulation time, blocking time, survival rate, complication rate, etc.) and the follow-up results (at 5 years and 10 years).

The purpose of this "case report" is to provide cardiac surgeons with a new and interesting approach to the treatment of aortic dissection. As a complement to traditional methods, clinicians have more options and weapons against the disease. Because no operation is absolutely perfect, there are always advantages and disadvantages, and there is a certain scope of application. Thus, there is a benefit to having an additional procedure. As the number of cases increases, the next step will be to compare this method with traditional methods.

2. Comments:

In addition, the article must have the ethical requirements and authorization of patients to participate in the study.

Response:

The ethics committee met at the Shandong Provincial Qianfoshan Hospital, and review board approval to this study was obtained. Written consent was also received from patients.

Response to Reviewer #2:

1. Comments:

The number of cases is very small and the follow up is very short to allow any conclusion for the validation of this operation. In the discussion there are very few comparison of your data with the medical literature. The focus of this paper should be on the surgical technique and not on the results and comparison with other operations for acute aortic dissection is mandatory.

Response:

Dear Dr. Henrique Murad:

Thank you for your valuable comments and suggestions. We have decided to adopt your suggestion. With an increased number of cases, we will conduct a clinical case-control study comparing this technique and the traditional technique in the following study. We will compare
the surgical effects (including inflammatory markers, extracorporeal circulation time, blocking time, survival rate, complication rate, etc.) and the follow-up results (at 5 years and 10 years).

The purpose of this "case report" is to provide cardiac surgeons with a new and interesting approach to the treatment of aortic dissection. As a complement to traditional methods, clinicians have more options and weapons against the disease. Because no operation is absolutely perfect, there are always advantages and disadvantages, and there is a certain scope of application. Thus, there is a benefit to having an additional procedure available. As the number of cases increases, the next step will be comparing this method with traditional methods.

2. Comments:

You should have some comments on why you have chosen to replace the arch in acute aortic dissection and why you have chosen to use the femoral artery for cannulation instead of the axillary or innominate arteries.

Response:

The reasons for selecting arch replacement in acute aortic dissection have been added in blue text in paragraph 4 of the Discussion.

The reasons for selecting the femoral artery cannulation have been added in blue text in paragraph 1 of the Discussion.