Author's response to reviews

Title: Local advanced skin flap to restore nearly half of lower lip: a case report

Authors:

Liang Wang (doctor.wl@hotmail.com)
Dongyun Yang (24310823@qq.com)
Liang Chen (1113738279@qq.com)
Ling Tao (1987188334@qq.com)
Jianyi Liu (ljy2000188@163.com)
Xia Dai (19402836@qq.com)
Shirong Li (362406815@qq.com)

Version: 5 Date: 11 November 2014

Author's response to reviews: see over
Author's response to reviews
Title: Local advanced skin flap to restore nearly half of lower lip: a case report
Authors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liang Wang</td>
<td><a href="mailto:Doctor.wl@hotmail.com">Doctor.wl@hotmail.com</a></td>
</tr>
<tr>
<td>Dongyun Yang</td>
<td><a href="mailto:24310823@qq.com">24310823@qq.com</a></td>
</tr>
<tr>
<td>Liang Chen</td>
<td><a href="mailto:1113738279@qq.com">1113738279@qq.com</a></td>
</tr>
<tr>
<td>Ling Tao</td>
<td><a href="mailto:1987188334@qq.com">1987188334@qq.com</a></td>
</tr>
<tr>
<td>Jianyi Liu</td>
<td><a href="mailto:ljy2000188@163.com">ljy2000188@163.com</a></td>
</tr>
<tr>
<td>Xia Dai</td>
<td><a href="mailto:19402836@qq.com">19402836@qq.com</a></td>
</tr>
<tr>
<td>Shirong Li</td>
<td><a href="mailto:362406815@qq.com">362406815@qq.com</a></td>
</tr>
</tbody>
</table>

Version: 3    Date: 11 November, 2014
Author's response to reviews: see over
The Journal of Medical Case Reports Editorial team

Object: MS: 1307700018137086- Local advanced skin flap to restore nearly half of lower lip: a case report. Dr Shirong Li et al.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer # 1 (Dr Ovunc Akdemir)

Minor Comments and Majors Compulsory revisions

1) First of all, bilateral advanced skin flaps or mucosal flaps are not new technique for lip reconstruction.
   • The bilateral advanced skin flaps are not new technique for lip reconstruction, but when more than 30% of lip tissue is missing, direct closure may not be possible and extensive constructive methods must be applied.

2) I did not understand that what is the meaning of approximately 3 cm? The author has to give real size of their defect. According to their photos, the defect size is less than 40% lower lip length. It means, the primer close is enough for repairing this kind of defect, they did not need to make advanced flaps. The other big issue, the author mentioned about abbe flap, I did not see any abbe flap scar in their photos. Are the authors sure that they performed abbe flap?
   • We are very sorry for our incorrect writing of Length measurement. Now it was revised.
   • The defect size is indeed more than 40% lower lip length. I will attach two more pictures to prove it.

   • The upper lip Abbe flap was prepared, but the flap was not used at finally. I regret my expression is not clear leading to misunderstanding.
3) The discussion part of this case report is too short. Bilateral extended Karapandzic flaps is one of the technique to repair big defects. However, there are alot of new and old techniques for using lip reconstruction. Even, they did not mention about traditional techniques. (bernard, nakajima, estlander, gillies fan flap, etc)

   - We have revised the Discussion and added these sentences to it. Some references were added.

   Since the mid-19th century, more than 200 different reconstruction techniques of the lower lip have been described. [1] The fact that so many techniques exist for lip reconstruction suggests the absence of one single method that is fully satisfactory and accepted by all. [2] The method with less postoperative distortion and scar is the superior one.

Ebrahimi A et al. [7] believed that in patients with 30% to 50% defect, if the defect was located in central-lateral part of lower lip, reversed-Abbe flap from upper lip and step-ladder flap should be used. In patients with 50% to 80% defect, bilateral Karapandzic flap and double reversed-Abbe flap should be used. Roldán JC et al. [8] thought that defect involving less than one-third of the lip could be closed primarily after wedge excision. If the defect was up to two-thirds of the lip, Webster method, step technique or such techniques combined with a cuneiform Abbe flap could be used for reconstruction of lower lip. Doubtlessly, the above extensive reconstructive methods will lead to more scar for our case. Therefore, the direct closure of a defect nearly half of the lower lip is a better choice, but a challenge for the surgeon.

4) In my opinion, this article does not give enough new clinical information.

   - I really hope you could reconsider your decision with the new revised manuscript.
Reviewer # 2 (Dr Zhi-Qi Hu)

Comments to authors:
This method has guiding significance for restoring the huge defection of lower lip. However, there are some language error should be revised.

- The manuscript was revised (see page 3).
  they tend to reconstruct defect with reversed-Abbe flap from upper lip, step-ladder flap, Webster method, or other more invasive methods.