Author’s response to reviews

Title: Reconstruction of a dorsal thoracic wall defect by the dorsal intercostal artery perforator flap after removal of a bulky cutaneous squamous cell carcinoma.

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Author’s response to reviews:

COVER LETTER
Response to Reviewers'

Sir,

Thank you for your response.

This cover letter included the revision that addresses each point and how the manuscript was changed as a result.

We highlighted (coloured text) all changes made when we revised this manuscript.

Reviewer 1: Mr Benoit Blondeau, M.D, MBA

Thanks for your comments and for your tolerance and help with English translation errors.

• Page 1 (abstract):
- We corrected the sentence: «The clinical use of perforator flaps has been demonstrated useful in this indications" the «s» was removed after indication. In the sentence "88 yo women", we replace women with woman.

- The following sentence was not not very clear: «The tumor was classified as T3 and presented a high risk of recurrence indicating a postoperative adjuvant radiotherapy». This sentence has been replaced by:

"The tumor was classified as T3 and required a postoperative adjuvant radiotherapy".

Here are the clarifications of this sentence:

The patient did have a recurrent lesion but, as indicated in the manuscript, she had refused any further treatment other than surgery, including radiotherapy, after her first surgery.

To allow a better understanding, we have given details to this sentence in the manuscript:

This lesion was a recurrence of a previous well-differentiated cutaneous squamous cell carcinoma, which was surgically managed two years earlier with insufficient excision margins, and for which patient had refused any further surgery or other complementary treatment, included radiotherapy. (“included radiotherapy has been added)

- "The postoperative outcomes were easy" was replaced by « the patient did not have post-operative complications"

- "Performed on" was replaced by "started" ten weeks after surgery.

- Page 3:

- In the sentence "Perforator flaps allow a skin reconstruction method", skin has been replaced by tissue.

- In the sentence « that reduces morbidity of the donor site and its harvesting can be adapted according to the extent of the cutaneous defect", we are sorry but we did not find where we could read in red the reviewer suggested corrections.

- The sentence « We are postponing the coverage of a major loss of dorsal substance by a perforating flap that is not yet widely used" has been replaced by « We describe the reconstruction of a major loss of dorsal substance by a perforating flap that is not yet widely used.”

- « measuring 10 cm of the major axis", has been replaced by « measuring 10 cm in its major axis ».
- We replaced « lymph node echography » by « ultrasonographic evaluation of the lymph nodes».

We name the lymphatiques chains studied: The lymphatic chains studied were right and left axillary chains and

Right and left inguinal chains, considering the medio-dorsal localization of the squamous cell cutaneous carcinoma.

• Page 4:

- « A transitional venous aspect was observed immediately», has been replaced by « A transitional venous congestion »

- In the sentence: "with two restricted disruption of sutures", the author use restricted as a way to indicated a limited disruption of the suture line. We have modified the corresponding sentence with

"with two limited interruptions of sutures of less than 2cm width for the lateral edge and 3cm for the high edge ».

• Page 5:

- We have replaced " We shared this case because this promising flap is still little used because it is not well known, but it is a reliable flap that allows the surrounding tissues to be saved" by We shared this case because this promising flap is still under-used because it is not well known, but it is a reliable flap that allows the surrounding tissues to be saved".

- The sentence "high patient's age" has been modified: high has been removed.

We explain why her age limits her therapeutic options.
The sentence was completed by: leading to anaesthetic and surgical limitations in terms of post-operative rehabilitation.

We explain the sentence « and of the previous therapeutic break” by replacing it with: Finally, the refusal of complementary therapies to surgery during the first attempt to treat this lesion was also an element in favour of a one-step management.

- Page 6:

- We have clarified "disease in the underlying bone tissues. » by "disease in the underlying scapula. »

"Its clinical uses are" has been replaced by « Its clinical uses are"

- "and its easy execution for a trained surgeon" has been replaced by "and its rapidity of execution for a trained surgeon"

Reviewer 2: Lovenish Bains, MS, FNB

Thanks for your comments.

1. The sentence « We are postponing the coverage » has been replaced by « We describe the reconstruction of a major loss of dorsal substance by a perforating flap that is not yet widely used”

2. The discussion was detailed and history of perforator flaps and DICAP flap has been included.

3. Advantages of this flap over other flaps in vicinity and technicals difficulties vis a vis other flaps in vicinity has been specified : « Used of other flaps could have been considered to cover the back loss of cutaneous substance, but the perforator flap technique seemed to us to be the most suitable surgery. In fact, this type of flap allowed muscle preservation compared
to a musculocutaneous flap. Indded, a contralateral trapezius flap or contralateral latissimus dorsi raised on accessory pedicles could have been considered but would have been more damaging to the tissues.

The axial flap, parascapular homolateral was mentioned but the internal edge of the flap sampling would probably have encroached on the exeresis and because of this constraint our skin palette would not have been large enough. The free flap, with anastomoses on the axillary vessels, could also be discussed.

However, this surgery is long and morbid in this elderly patient who wants to return home as soon as possible. »

All authors have approved the corrections made to the manuscript.

Thank you for all these comments.

We hope to read you soon.

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