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.

Authors:
Elise LUPON (elise.lupon@gmail.com)
Alexandre G. Lellouch (alellouch@mgh.harvard.edu)
Florian Deilhes (deilhes.f@chu-toulouse.fr)
Benoit Chaput (benoitchaput31@gmail.com)
Charline Berthier (berthiercharline@gmail.com)

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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.

1) We add a paragraph at the end of the Introduction that explains why this case report is presented (what is unique and adds to the medical knowledge).

2) We have completed the case report with the requested information:
• We have included past social, environmental, family and employment history in the case report. (The patient was a laboratory technician, widow for 5 years, and had 3 children. At 88 years old, she lives alone in a house on the ground floor in the south of france and her children live in the surrounding area).

It should be noted that the medical and surgical history is very limited given the patient's age and that the patient is in very good general condition for her age. These only medical-surgical histories reported included surgical treatment of prolapse and dislocation of the right hip with manual reduction in the operating room under general anesthesia. We have called the patient back and there is no other previous history reported. This is surprising for his age but true.

• The patient was not taking any treatment before diagnosis. She self-medicated with homeopathy to "keep her in good general condition" but did not say she was taking any medication because she did not suffer from any pathology, she said.

• She never smoked and did not consume alcohol. (This information was already present in the manuscript version before our revisions).

4) We give detailed about physical and neurological examination on admission:

(We have summarized them in the manuscript)

She was conscious, with a completely normal neurological examination at admission. She was anxious about admission, in this medical environment that she used to avoid. Apart from that, it did not have any particular abnormalities on clinical examination except for dermatological lesions with probable skin tumours due to the sun and she was a little malnourished and was prescribed nutritional supplements. She had a small post-operative anemia that was treated with oral iron.

We have specified the pulse (78 bpm), blood pressure (125/75mmHg) and temperature (37,6°), on admission.

5) You will find below the doses of all medications that were given and their doses :

(We have summarized them in the manuscript)
No medication was delivered prior to surgery

* From the 12/14/2018 (After the surgery):
  - Polyonic 5%, intravenously, 500 ml/d from 12/12/2018 to 12/15/2018.
  - Clinutren Fruit (food supplement): 1 dose in the morning at 10am and one dose in the afternoon at 4pm from 12/15/2018 to 12/20/2018.
  - Pantoprazole 20 mg: One tablet in the evening.
  - Ondansetron 4mg/2ml: in case of nausea, 4 injections per day with an interval between 6 hours between 2 doses, from 12/14/2018 to 12/16/2018.
  - Lovenox 0.2 IU, subcutaneous thrombo-prophylaxis, one injection in the evening from 12/14/2018 to 12/19/2018.
  - Tardyferon 80mg: 1 tablet in the morning, from 12/18/2018 to 12/20/2018.
  - Ketoprofen Lp 50mg: One tablet in the morning and one tablet in the evening in case of pain from 12/14/2018 to 12/18/2018.
  - Paracetamol 1g/100ml intravenous perfusion: maximum 4 grams per day in case of pain, spaced 6 hours apart, from 12/14/2018 to 12/15/2018.
  - Doliprane 1g: 4 tablets per day maximum in case of pain, spaced 6 hours apart, from 12/15/2018 to 12/20/2018.

6) You will find below all results of laboratory findings:

(We have summarized them in the manuscript)

- Cell Blood Compt : Natraemia was normal during hospitalization (139mmol/l on 15/12/2018 and 141mmol/l on 18/12/2018), kalemia was normal (3.7 mmol/l on 15/12/2018 and 3.9 mmol/l on 18/12/2018), chloremia was normal (105 mmol/l on 15/12/2018 and 104 mmol/L on 18/12/2018). The hemoglobin was slightly lowered preoperatively on 13/12/2018 to 10.6g/dl. It was 9.4 g/dl on 15/12/2018 and 9.1 g/dl on 18/12/2018. This anemia was regenerative. Indeed, there were 17.4 g/l on 15/12/2018 and 15.2 g/l on 18/12/2018. The number of platelets was normal (325 g/l on 15/12/2018 and 342 g/l on 18/12/2018). The leukocytes were normal (8.07g/l on 15/12/2018 and 5.39 g/l on 18/12/2018).

- Liver: No liver analysis was performed during hospitalization Renal functions: uremia was normal (6.8 mmol/l on 15/12/2018 and 7.2 mmol/L on 18/12/2018). Creatinine was normal, there was no renal failure (79 mmol/l on 15/12/2018 and 60 mmol/L on
18/12/2018). The glomerular filtration rate was 58 ml/min/1.73m² on 15/12/2018 and 78 ml/min/1.73m² on 18/12/2018
- urinalysis: no urinalysis was performed during hospitalization
- microbiology: No microbiological analysis was performed during hospitalization

7) Figure I, forgotten from the previous version, has been added.

All authors have approved the corrections made to the manuscript.

Thank you for all these comments.

We hope to read you soon.

Corresponding author details:
LUPON Elise: 06-26-30-63-23.

elise.lupon@gmail.com