Author’s response to reviews

Title: The severe hypertension detection in patient with neurofibromatosis type 1 during anesthesia induction: A case report

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Author’s response to reviews:

Respond to reviewer 1

1. any reason why fentanyl was not a first drug given during induction
   Thanks for the significant comments. This kindly advice is very helpful. The first use of fentanyl during anesthesia induction is likely to cause the coughing, muscle rigidity and other adverse symptoms. It may increase the patient's intracranial pressure, which is dangerous under anesthesia during brain surgery. Therefore, fentanyl was not the first drug given during induction in our hospital.

2. why etomidate not propofol
   Thanks for the significant comments. This kindly advice is very helpful. Compared with propofol, etomidate has little effect on hemodynamics during anesthesia induction. In this case, we used etomidate and propofol during induction, it can reduce the dose of propofol used, and the hemodynamic can be maintained more stable under the sufficient anesthesia depth.

3. how long the bp above 180/110
   Thanks for the significant comments. The bp above 180/110 was about 2 mins

4. at what number of bp, the first iv anti hpt drug given
   Thanks for the significant comments. In this case, when we started to mask ventilation, the bp showed a rapid increase, the bp rised to 310/140 mmHg within 40 seconds. We quickly eliminated the following possibilities: taking the wrong medicine; blood pressure monitoring equipment malfunctions or the problem of venous access. When the bp was about 310/140 mmHg and heart rate was about 140 beats per minute, we gave the 2 mg phentolamine and 30 mg esmolol. We have made a careful revise, please kindly see the revised manuscript.

5. do you increase the inhalation during the high bp
Thanks for the significant comments. This kindly advice is very helpful. We did not increase the inhalation anesthesia during the high bp, because inhalation anesthetics can not decrease blood pressure as quickly as intravenous antihypertensive drugs.

6. do the patient ct brain was plan to do post op due to high bp intraop
Thanks for the significant comments. This kindly advice is very helpful. In our hospital, the brain CT was a routine examination after brain operation, the postoperative brain CT showed that there was no cerebral hemorrhagethis in this patient. We did not provide the postoperative brain CT results in the manuscript.

Respond to reviewer 2
Article needle some language corrections (Pages 3 -line 56 neurofibromatosis, page4-line 20 neurofibromata).
Thanks for the significant comments. This kindly advice is very helpful. We have made a careful revise, please kindly see the revised manuscript.