

September 16, 2013

Dear Editor-in-Chief of the World Journal of Anesthesiology,

Thank you for the detailed review of the invited review entitled "Lung preconditioning in anesthesia: review of the literature". I have now prepared a version of the revised manuscript with the changes marked with red, according to your comments and those of the reviewers. However, references number could not reach 100, as the subject of the review is really innovative, but the field is covered sufficiently. I hope that the revised manuscript now meets the standards of your respectful journal. Here follows the point-by-point response to the reviewers' comments:

Title: Lung preconditioning in anesthesia: review of the literature.

Author: Konstantinos Kalimeris

Name of Journal: *World Journal of Anesthesiology*

ESPS Manuscript NO: 5094

Response to Reviewer 1:

A section "Materials and methods" has been now introduced, describing the search of literature, the keywords used, the number of papers and how many refer to humans.

A section "Discussion" has been introduced with some comments on the current situation regarding lung preconditioning during anesthesia and a summary of the clinical studies on the field.

Alcoholism and diabetes mellitus are both associated with immunosuppression and are considered risk factors for infections (see for example: Happel KI, Nelson S. Alcohol, immunosuppression, and the lung. *Proc Am Thorac Soc.* 2005;2:428-432; and Yamashita S, et al. Longer-term diabetic patients have a more frequent incidence of nosocomial infections after elective gastrectomy. *Anesth Analg.* 2000 Nov;91:1176-1181).

All the abbreviations are defined by first appearance in the text, subscripts have been introduced in O₂, "acute" has been introduced in TRALI definition. Reference 33 was moved. "Improve" has been accordingly corrected. In vivo, ex vivo appear now in italics. The word previous has been deleted. "remote ischemic" appears now in front of PC in the corresponding section. The term "transiently" has been now defined in the revised manuscript.

All references have been corrected according to the reviewer's suggestions.

Response to Reviewer 2:

All comments have been accordingly addressed in the revised manuscript.

Response to Reviewer 3:

The greek letter α is now replaced by alpha, circles by cycles.

Response to Reviewer 4:

A section "Materials and methods" has been now introduced, describing the search of literature, the keywords used, the number of papers and how many refer to humans.

A section "Discussion" has been introduced with some comments on the current situation regarding lung preconditioning during anesthesia and a summary of the clinical studies on the field.

The reference (No 51) has been now added in the revised manuscript, as suggested by the reviewer. Another important reference (No 50) that was not included in the first version was also included for reasons of completion.

Response to Reviewer 5:

I agree very much with the reviewer that most of the cited studies are animal/experimental. This is the scope of this review, which is the first regarding preconditioning of the lungs in anesthesia, to give a summary of the existent findings, either experimental or clinical. Clinical studies are missing in this field, and it is not clear yet if lung preconditioning has a place in clinical practice. Large clinical studies should be undertaken to answer to this question in my opinion, because experimental studies are inconclusive. The conclusion and discussion are now revised according to the reviewers' suggestions.

Sincerely Yours,



Konstantinos Kalimeris, MD, PhD, DESA,
Department of Anaesthesiology,
"Attikon" University Hospital,
Rimini Str. 1, 12462,
Athens, Greece