

## Format for ANSWERING REVIEWERS



December 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6949-review.doc).

**Title: A review of incidental, rare and difficult traqueoesophageal fistulas management**

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**Name of Journal:** *World Journal of Surgical Procedures*

**ESPS Manuscript NO:** 6949

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(00742087): We made some minor polishing in language. In case you still consider a greater revision is needed, with will submit the paper to one of the suggested English language editing companies.

(00742386): According with the suggestions we break the manuscript in paragraphs and made some minor corrections in the language. In case you still consider a greater revision is needed, with will submit the paper to one of the suggested English language editing companies.

Congenital TEF are intentionally excluded from this article as we state since the beginning, because their ethiology, clinical presentation and treatment are very different subjects. We agree in changing the title if necessary in order to clarify this issue (view revised paper). As for the illustration of surgical procedures we believe that this is not the fundamental in this paper. We do not intend to provide suggestions on surgical techniques, which experienced surgeons should already possess. The paper is not voted to the novice surgeon. Also an attempt of classification will face the difficult problem of pleiomorphic and complex lesions. In our point of view, It will be either incomplete or too complex to be useful.

(00505539): We made some minor polishing in language. In case you still consider a greater revision is needed, we will submit the paper to one of the suggested English language editing companies.

It is very difficult to provide clear and theoretical indications for primary repair, oesophageal resection and other details, as you suggest. Local tissue and patient condition and surgical skills will be factors to take in consideration when choosing the best solution. We do state however that tissue flaps should be used liberally and frequently if not always, and that endoprosthesis should be avoided or used only as a temporarily measure or as a co-adjutant post surgical correction, especially in ventilator dependent patients.

3 References and typesetting were corrected

*World Journal of Surgical*

A handwritten signature in black ink, reading "Jose Paulo da Costa Faria". The signature is written in a cursive style with a large, sweeping initial 'J'.A second handwritten signature in black ink, identical to the one above, reading "Jose Paulo da Costa Faria".