03028174-The study is aimed to report the cyst aspiration for the treatment as the first-choice procedure for airway management in an infant with large epiglottic cysts. The title is "Aspiration as the first-choice procedure for airway management in an infant with large epiglottic cysts: a case report". 1. This is a case report.

2. Several factors the outcome of this technique. Please discuss these.

Revised. Adequate aspiration and quick endotracheal intubation are the key factors of this technique. So, adequate aspiration by a large-bore needle (18-gauge needle) with an attached syringe (20 ml) can safely expose arytenoids and epiglottis, facilitate endotracheal intubation.

3. What is the standard method for airway management in an infant with large epiglottic cysts? Why did the authors use the cyst aspiration?

No standard method was recommended for airway management in an infant with large epiglottic cysts until now, as the high risk of difficult endotracheal intubation and difficult mask ventilation, spontaneous breathing should be maintained to avoid the disastrous consequences caused by cannot intubation or cannot ventilation. When spontaneous breathing maintained, successful tracheal intubation is vital important. Successful tracheal intubation by direct laryngoscopy, video laryngoscope, awake fiberoptic bronchoscope or tongue tip traction suture technique or "three-person technique" of fiberoptic intubation in patients with large epiglottic cysts was reported. But the success rate is low and several attempts are often needed, which could increase the risk of airway trauma and the rupture of the cysts by accident during intubation. Cysts aspiration by a large-bore needle to improve the intubation conditions can be beneficial. It is also used safely in an emergency as the previous clinical case reported. So, we performed the cyst aspiration in this case.

4. Please add more details of the complications and the contraindications of this technique in the discussion section.

Revised. Pulmonary aspiration is the most concerned complication for clinical application of epiglottic cysts aspiration. However, aspiration treatment is a safe and established surgical approach for the epiglottic cyst in clinical. In our case, adequate

aspiration by a large-bore needle (18-gauge needle) with an attached syringe (20 ml) can safely expose arytenoids and epiglottis, facilitate endotracheal intubation. In addition, it is a safe and effective procedure for airway management from the literature reviewing. Simultaneously, adequate aspiration could prevent pulmonary aspiration caused by accidental cysts rupture during repeated attempts of endotracheal intubation. It should be noted that when the patient's coagulation function is abnormal, epiglottic cysts aspiration considered to be contraindicated.

5. What is the new knowledge of this report?

Cysts aspiration could be considered as the first choice for airway management in infants with large epiglottic cysts.

6. Please recommend to the readers "How to apply this knowledge?"

when the patient's coagulation function is abnormal, epiglottic cysts aspiration by large-bore needle can facilitate endotracheal intubation in the infant with giant epiglottic cysts. It could be considered as the first procedure for airway management in infants with large epiglottic cysts.

05234412-Drawbacks of the procedure should be addressed.

Pulmonary aspiration is the most concerned limitation for clinical application of epiglottic cysts aspiration. However, aspiration treatment is a safe and established surgical approach for the epiglottic cyst in clinical. In our case, adequate aspiration by a large-bore needle (18-gauge needle) with an attached syringe (20 ml) can safely expose arytenoids and epiglottis, facilitate endotracheal intubation. In addition, it is a safe and effective procedure for airway management from the literature reviewing.

02482011-Minor revision required

Revised

Why was the patient intubated for 3 days postoperatively?

The infant was extubated smoothly until the third postoperative day as the suspected diagnosis of tracheomalacia after the postoperative fibro bronchoscopy examination.

The number of references for the case report is too large

Revised