

Re: Cardiac Arrest Due to Massive Aspiration from a Broncho-Esophageal Fistula
Manuscript NO: 75274

Dear Editor and Reviewers,

Thank you for taking the time to review our case report and provide helpful feedback and suggestions. We have taken your comments into consideration and carefully incorporated your suggestions. Please see below for the point-by-point for changes that have been made:

REVIEWER 1

“When acute, an BPF can be life-threatening due to tension pneumothorax or asphyxiation from pulmonary flooding , kindly add chest X-ray at the time of diagnosis of BEF”.

We appreciated the input from the reviewer. Our report illustrates a patient who suffered from the development of a broncho esophageal fistula (BEF) due to caustic ingestion. We did not evidence pleural involvement nor the development of a broncho-pleural fistula (BPF) or its complications. We have attached a chest X-ray (as Figure 3A and 3B) that shows the massive aspiration event that led to the cardiopulmonary arrest due to passage of gastric content through the fistulous trach into the airway and lung parenchyma.

“This line needs explanation mentioning about the volume (ml) of output leading to massive aspiration”.

We mentioned in the body of the manuscript \ abundant copious secretions coming from the advance airway (tracheostomy) witness by the treating team, but we were unable to quantify the volume of output that reached the bronchial tree only confirmed on follow up x-ray post arrest. No oral secretions were evidenced. After the placement of a nasogastric tube for decompression, approximately 400-500 ml were drained initially. We have added this information in the “Treatment” and “Discussion” sections.

“Explain in brief the methods have been used to diagnose bronchopleural fistulas BPFs and TEF”.

Fortunately, our patient was not diagnosed with BPFs. For the diagnosis of BEF, we have described the diagnostic approach in the “Discussion,” 7th paragraph.

“Kindly mention the incidence of cardiopulmonary arrest due to massive aspiration through a BEF”.

We did not find in our literature review an estimate incidence for cardiopulmonary arrest due to massive aspiration through a BEF. We have mentioned the lack of evidence, on this data point, in the “Discussion” section, 4th paragraph.

“Kindly mention the time of development of BPF with proper literature in the discussion part. In discussion kindly mention in various brief points not in a favour that BPF may also occur after suppurative pneumonia, massive pulmonary infarction, or spontaneously”.

Our patient was fortunate not to develop a BPF only TEF/BEF. We did not find any clinical or radiologic evidence of pleural involvement and opted out for discussion in our manuscript.

REVIEWER 2

“This is a very meaningful case that deserves to be learned”.

We appreciate the reviewer’s input. We believe our manuscript carries scientific value and provides advancement in clinical practice.

REVIEWER 3

“This paper reported a patient who developed broncho-esophageal fistulas after ingestion of drain cleaner substance, new tracheoesophageal fistula was revealed after 17 weeks. The authors presented the reader with the dire natural history of trachea-broncho-esophageal fistulas and its delayed progression. At the same time, the authors suggested that close monitoring of the gastrointestinal tract patency and motility is critical to avoid gastric distention and large aspiration events. This article has certain clinical significance”.

We appreciate the reviewer’s insight on the clinical significance of our manuscript.

“However, there is an error in Figure 3, that is, 4A-4E should be 3A-3E”.

We have updated the labeling on the figures while adding the imaging requested by reviewer #1. We appreciated the detailed review of our manuscript.

If the editor or reviewers instruct the modifications mentioned above are not suitable consideration, we will gladly modify them according to your guidance and input. We are looking forward to obtaining your approval to publish our work in your prestigious journal.

Sincerely,

Gustavo A. Lagrotta, DO