

IRCCS Materno Infantile Burlo Garofolo - Dipartimento di Pediatria
S.C. Chirurgia e Urologia Pediatrica - Direttore Dott. Jürgen Schleef

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Trieste, 11/05/2021

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Dear Editors-in-chief,

Thank you for considering our manuscript NO.: 62150, Case Report, entitled “Glans ischemia after circumcision in children: Personal experience with two consecutive cases” for revision and publication. Enclosed you will find point-by-point response to the reviewers’ comments.

Reviewer #1:

1) The authors state that “Glans ischemia (GI) has been widely reported in the pediatric literature as a complication following circumcision”. What does this manuscript add to the current knowledge?

Response: We appreciate the Reviewer’s comment. To answer the above mentioned question, the following sentence was rephrased in the abstract: “We describe our experience with this rare and scary complication using subcutaneous enoxaparin alone or in association with a topical vasodilator. Hypothetical causes and different management strategies are discussed.”

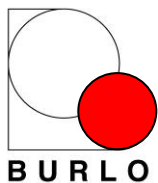
2) The authors describe that “Medical history of the child was eventful”, but no further description has been mentioned. A brief and complete description of the patient’s past medical/surgical history should be included here (Case 1, paragraph 1, line 2).

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Response: We appreciate the Reviewer's comment. We apologize for the unnoticed typo error. The word "eventful" was changed in "uneventful".

3) A brief description should be added to the discussion/recommendations regarding how long the patients should be followed up.

Response: We appreciate the Reviewer's comment. To fulfill the above mentioned request, the last sentence of the Introduction was added in the Discussion: "Lastly, we recommend rigorously following-up patients experiencing glans ischemia after circumcision for at least the first month after surgery."

4) The keywords do not represent the manuscript ideally. Also, they are recommended to be selected according to the related MeSH Terms.

Response: We appreciate the Reviewer's comment. To fulfill the above mentioned request, the keywords were changed as follow: "Case Report; Circumcision; Children; Complications; Glans penis; Ischemia."

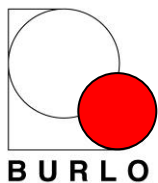
5) Authors could replace some old references with the more recent ones.

Response: We appreciate the Reviewer's comment. Anyway, we believe that the references reported in our manuscript are appropriate.

6) Although the manuscript is well-written, it could still benefit from native language editing.

Response: We appreciate the Reviewer's comment. To improve the language quality, the manuscript was proofread and edited by Cambridge Proofreading LLC. An Editorial Certificate was enclosed as *Non-Native Speakers of English Editing Certificate*.

7) The signed informed consent seems to be obtained only from one of the reported patients.



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Response: We appreciate the Reviewer's comment. To fulfill the above mentioned request, the signed informed consent of the second patient was enclosed.

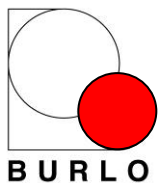
Science Editor:

1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We appreciate the Science Editor's comment. To fulfill the above mentioned request, the figure enclosed in the manuscript was arranged using PowerPoint and submitted as *62150-Figures.ppt*

2) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: We appreciate the Reviewer's comment. To fulfill the above mentioned request, the "Case Presentation" #1 was re-written as follow: "An 8-year-old boy underwent circumcision at our paediatric surgery department for a true phimosis. The child's medical history was uneventful. Surgery was performed under general anaesthesia with a dorsal nerve penile block using mepivacaine. During surgery, a monopolar electrocautery was used to excise the excessive foreskin and to execute the frenulotomy. The coronal suture was performed with 5-0 interrupted absorbable sutures. No excessive bleeding was noted either during intervention nor in the immediate post-operative course. No compressive bandaging was



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used. FINAL DIAGNOSIS: At the clinical examination 6 hours after surgery, an ischemic appearance of the glans was documented, without pain or difficulty to urinate. A colour Doppler imaging (CDI) showed normal flow in the dorsal penile artery. TREATMENT: Subcutaneous enoxaparin 2000 UI injection was started and continued once a day for 5 days. Moreover, a galenic preparation of nitric oxide ointment was applied on the glans once a day for a week. OUTCOME AND FOLLOW-UP: The child was discharged home on postoperative day 6 when an improvement of the glans ischemia was noted. Complete restitutio ad integrum was achieved one month after surgery.” Additionally, the “Case Presentation” #2 was re-written as follow: “A 10-year-old boy presented to our paediatric outpatient clinic for a true phimosis. Personal history was unremarkable, except for childhood vitiligo. Circumcision was performed under general sedation with spinal anaesthesia. Bipolar electrocautery was used and coronal suture was performed with 5-0 interrupted absorbable stitches. No compressive bandaging was applied. No excessive bleeding was noted either during intervention nor in the immediate postoperative course. Minimum glans swelling was reported two hours after surgery. FINAL DIAGNOSIS: Four hours after surgery, an ischemic appearance of the glans was documented (figure 1, *left*). Whole blood count and blood clotting were checked and found to be within normal ranges. TREATMENT: Anticoagulant therapy was started with subcutaneous enoxaparin 3000 UI once a day for 5 days. OUTCOME AND FOLLOW-UP: The colour of the glans rapidly improved to reddish (figure 1, *right*), and the patient was discharged home on postoperative day 4. At one-month follow-up, the penis and glans were found to be in a normal status.”

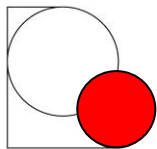
Thanks again for reconsidering our paper for revision and publication. Please feel free to contact me if you have any questions.

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Yours sincerely

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