

August 10, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format.

Title: The role of preoperative tracheobronchoscopy in newborns with esophageal atresia: A review.

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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. Changes in the Manuscript are typed in red color:

<i>Reviewer 00052339</i>	Answer:
There is few information about requirement or indication of TBS; for example, is the prognosis changed by preoperative TBS?	<p>Thank you for the comments. Some modifications has been performed according your suggestion. In particular:</p> <p>Indications of TBS are clearly reported in paragraph 2.1, and are the subsequent:</p> <ul style="list-style-type: none">- the study anatomy of the respiratory tree;- the diagnosis of proximal or distal tracheo-esophageal fistula (TEF), their site of entry and location;- the diagnosis of associated tracheobronchial anomalies and tracheomalacia;- the check of correct positioning of the endotracheal tube. <p>Moreover, as reported in paragraph 2.1, TBS also allows the placement of Fogarty catheter positioned into the fistula at its entrance into the trachea, that provides a better assessment of the distance between the fistula and upper esophageal pouch, and allows an easier identification during surgery of distal esophageal pouch.</p> <p>Two examples of change of surgical strategies and prognosis are already discussed in paragraph 1 and in appendix, supported by reference n 14 and 2:</p> <p>“Kosloske and colleagues reported that preoperative endoscopic findings influenced the operative technique or management in 24 of the 42 newborns (57%), as in case of unexpected cervical TEF fistula which was repaired through a cervical approach, without thoracotomy.”</p> <p>“In patients with H-type TEF, Atzori et al advocates cannulation of the fistula by the insertion of a guide wire through the trachea and withdrawn through the mouth, under fluoroscopy [2, 33]. With this procedure the H-fistula can be localized and lifted upward, to enable a cervical approach and avoid thoracotomy”.</p>
It should be mentioned whether	Double fistula are increasable reported, as mentioned in discussion and in reference

<p>the double or triple TEF are easily detected during operation even no information of TEF by preoperative TBS.</p>	<p>8 and 9.</p> <p>Triple fistula, although extremely rare, have been also reported. There is a general agreement on the fact that preoperative diagnosis of the fistula should be made before surgery, as small or occluded fistula could be easily missed during surgery (references 1-7, 19, 32, 33).</p> <p>Moreover, during the esophageal dissection (especially of the upper pouch) it is possible to damage the branches of periesophageal nerves, which may contribute to esophageal dysmotility after surgery, and also to damage the laryngeal recurrent nerve. In our opinion, for that reason extensive mobilizations should be performed only when a proximal TEF is diagnosed pre-operatively thanks to tracheobronchoscopy. This fact is well described also in references 8 and 9.</p>
<p>Today CT scanning give us low grade exposure even in whole body scanning, and its 3D reconstruction figure is very easy and useful to measure the distance two or three TEF. The author compare the TBS and CT more intensively</p>	<p>According to Reviewer's suggestion, the paragraph n.3 was so modified:</p> <p>“Moreover, although modern CT gives low grade exposure, this exam is still associated to radiation hazards”.</p> <p>“The routine use of pre-operative CT scan in newborns with EA is controversial, as the limited information acquired which may help in changing the surgical plan can be easily obtained by TBS or intra-operatively.”</p> <p>It's quite difficult to compare TBS and CT, because the use of the latter is investigated only in a small series of patients. A recent review of use of CT in EA is clearly cited in the discussion (reference 30), and concluded that “the safety of CT scan techniques is questionable, due to limited facilities and need for sedation”.</p> <p>Moreover, the transport to Radiology Department could expose the newborn (especially when premature) with EA to hypothermia.</p>

<p>Reviewed by 00039422</p>	<p>Answer:</p>
<p>This manuscript regarding preoperative tracheobronchoscopy in newborns with esophageal atresia is a good review of a diagnostic tool that indeed is not frequently used before surgical correction of trachea-esophageal fistula. The literature is well reviewed and the technique is described in detail. The procedure has advantages and drawbacks, outlined in the paper. Unfortunately, alternatives diagnostic tools are not well evaluated until now and mainly, as the CT scan, have the disadvantage of x-ray exposure.</p>	<p>We completely agree, thank you.</p>
<p>Very likely ultrasounds (US) will become a method of choice for preoperative evaluation. However, as pointed out by the authors, US are</p>	<p>According to Reviewer's suggestion, the sentence on the topic was so modified:</p> <p>“Increasing evidence suggests that ultrasound scan is a not invasive useful tool</p>

<p>very operator dependent. Nevertheless, while this is certainly a concern, it should not be considered a limit in a specialized unit where usually such type of surgery is carried out. Although the available literature on US is scarce, the perspectives of this non-invasive and not potentially risky method could be probably discussed more in depth and emphasized by the authors.</p>	<p>for the diagnostic assessment of newborns with EA, playing a crucial role in planning the surgical strategy".</p> <p>Unfortunately, only two studies described the use of US in pre-operative assessment of esophageal atresia, and both were cited and discussed in our manuscript (reference 24 and 25).</p> <p>In particular, reference 25 was discussed more in depth, as:</p> <p>"In a study performed by Gassner et al, a small volume of saline solution was instilled into the blind upper esophageal pouch, and ultrasound scan was performed. The exam could detect two proximal fistulas in 16 patients, and in two newborns with isolated TEF, the fistula could be located sonographically by detecting moving air bubbles [25]".</p>
<p>In the title, "tracheobronchospy" should be substituted by "tracheobronchoscopy".</p>	<p>The error was corrected.</p>

3. References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastrointestinal Endoscopy

Sincerely yours,

Dr. Filippo Parolini

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