

July 29 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (Updated Manuscript)

Title: Scalp block for brain abscess drainage in patient with uncorrected TOF

Author: SAMEER SETHI, SONIA KAPIL

Name of Journal: *World Journal of Clinical cases*

ESPS Manuscript NO: 11491

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

Reply to Reviewer's comments

Comment 1. A good paper that can be accepted. Paper can be made more interesting and useful if authors address these minor points: i) what are disadvantages of SCALP BLOCK/KETAMINE in performing operation ii) what is prognosis of this uncorrected TOF patient iii) is there ethical dilemma in patient with uncorrected underlying condition?

Reply: (i) We would like to state that there are no disadvantages of the local or regional anaesthetic techniques in the patients with the underlying uncorrected cardiac conditions though it has got some limitations that it might need to be supplemented with some sedation and may not suffice alone in pediatric and unco-operative patients .

(ii) The natural history of TOF without major associated extracardiac anomalies is variable. It was found that 25% of infants with severe obstruction not treated surgically die within the first year. Left untreated, 40% die by 3 years and 95% by 40 years of age. With complete repair in early infancy more than 85% of patients are expected to survive to adulthood.

(Twite MD, Chir B, Ing RJ, Tetralogy of Fallot: Perioperative Anesthetic Management of Children and Adults *Semin Cardiothorac Vasc Anesth* 2012 ; 16 : 97-105)

(iii) The patient is very poor and has not taken any treatment for the uncorrected underlying disease.

Comment 2. Dear Author, I think your case can be helpful for senior anesthesiologist . However it needs language review. With best wishes.

Reply: We have edited the language.

Comment 3. Burr holing with local anesthesia is a common method for abscess drainage. Moreover, local anesthesia is frequently used for neurosurgical procedure. Nerve block is unnecessary for simple burr-hole surgery even if the patients are young. If the risk is high, general anesthesia must be chosen rather than local anesthesia when cardiac function is poor. I don't think this article to be published in World Journal of Clinical Cases.

Reply: We do agree that general anaesthesia is the technique of choice in high risk cardiac patients, but would like to emphasise the role of regional anaesthesia techniques when feasible in such patients.

Thank you

Sincerely yours,

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