**Format for ANSWERING REVIEWERS**

Dear Editor,

Please find enclosed the edited manuscript in Word format

**Title: Successful management of life-threatening respiratory failure from H1N1 influenza with ECMO**

**Name of Journal:** *World Journal of Respirology*

**ESPS Manuscript NO:** 1815

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

***Reviewed by 00608249***

This case simply describes the alternative to mechanical ventilation which is ECMO and this is a common practice in all ICUs irrespective of etiology of respiratory failure e.g influenza. Thus, the case has low novelty. However based on the increasing number of influenza cases and the poor data on use of ECMO for influenza especially in postpartum women it adds to the literature and the overall experience. When the authors day that “It was inserted in a pure percutaneous method” how does this compare with other methods of ECMO and what are the advantages? This should be described more in detail.

Reply :

The following paragraph and reference were added to the manuscript :

It was inserted in a pure percutaneous method using the Seldinger’s technique allowing rapid establishment of extracorporeal circulation. After puncture of the vessel, a soft tipped guide-wire was passed through the needle. Dilatators were passed stepwise over the guide-wire to enlarge the access until the cannula size was achieved. The cannula was inserted and connected to the ECMO system. Thus percutaneous femoral cannulation carries the advantage of allowing an expeditious procedure in an emergency situation.

Ref 15: Roussel A, Al-Attar N, Alkhoder S, Radu C, Raffoul R, Alshammari M, Montravers P, Wolff M, Nataf P. Outcomes of percutaneous femoral cannulation for venoarterial extracorporeal membrane oxygenation support. European Heart Journal: Acute Cardiovascular Care 2012 1: 111-114.

***Reviewed by 00608166***

The case report is interesting. I have a couple of questions: In which body fluid was H1N1 diagnosed? What about the pharmacological treatment of the patient? Did she get anti-viral drugs? Was the high CRP value not suspicious of a bacterial co-infection?

Reply:

The body fluid was bronchoalveolar lavage specimen. The patient was started empirically on IV broad spectrum antibiotics and antiviral medication. The CRP value could indeed indicate sepsis or be related to the inflammatory state and could be related to co-existent infection, however, the subsequent cultures failed to demonstrate bacterial growth.

***Reviewed by 00608173***

Major Comments The authors descrive a case of ARDS secondary to H1N1 infection that was successfully treated with ECMO. While an interesting case, it somewhat lacks originality as there have been many published case-reports and series on this subject. Minor Comments 1. Abstract word count is incorrect. 2. Abstract and Text - suggest rephrase 'It was inserted in a pure percutaneous method allowing rapid establishment of extracorporeal circulation.

Reply:

1. Abstract word count is 130 words
2. Abstract and Text – has been rephrased to “Femoral arterial and venous cannulae were inserted in a pure percutaneous method allowing rapid establishment of extracorporeal circulation.”

***00608208***

This is an interesting case report about the use of ECMO in H1N1-related ARDS. There is an increasing interest in the use of ECMO in severe ill patients in which “conventional management” is not successful. The potential benefit of the technique is known, but the key question is when to use ECMO. This question remains unanswered, since little evidence is still unavailable. H1N1 pandemia is a very good opportunity to test it. Some case reports and cohorts studies have been published previously, showing contradictory results in terms of survival benefit. More information is needed about gas exchange when ECMO was indicated, since it is the key question. Homogeneity in references’ style is needed. English grammar should be reviewed. A “discussion” section could be separated from the “case report” section.

Reply:

Style of references is homogenized.

Review of grammar and spelling.

A “discussion” section is now clearly identified by a title from the “case report” section.

***00608181***

The authors reported the outcome of a pregnant woman with a life-threatening acute respiratory distress syndrome from a novel influenza A (H1N1) virus infection 3 days postpartum successfully managed by veno-arterial extracorporeal membrane oxygenation. These data are useful to management of ARDS for pregnant women.

Reply : Thank you

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Respirology.*

Sincerely yours,

Nawwar Al-Attar