

Responses to reviewers

1. Response to reviewer #503442:

Q: I read with great interest the manuscript entitled “Analysis of the therapeutic evolution in the management of airway infantile hemangioma” by Vivas-Colmenares et al. The manuscript is interesting and well conducted. The main drawback remains the low number of patients included in the study. However, this not limits the scientific value of the obtained findings. Some orthographical and grammatical errors have been found throughout the manuscript. I suggest the introduction of an adjunctive Table reporting the baseline characteristics of the enrolled subjects. Additionally the patients age should be expressed in months as non-fractional number; the range is more comprehensible whether reports the measure unit, i.e. months.

R: Orthographical and grammatical errors have been revised. A table describing patient characteristics has been included in the manuscript. Age has been expressed in months as non-fractional number.

2. Response to reviewer #646241:

Q: In the paper, “Analysis of the therapeutic evolution in the management of airway infantile hemangioma “, the authors Vivas-Colmenares et al. present a nice and conclusive overview on the clinical presentation and the treatment of airway infant hemangiomas, highlighting the revolutionary advance achieved by the introduction of propranolol in hemangioma treatment. The paper is well written, with good language, its content is conclusive and it is very important to distribute the beneficial experiences with propranolol, thus the paper should be published. However there are some minor points that should be improved. By comparing the pre-propranolol cohort with the recent patient group it becomes clearly visible that this new approach is very helpful, sparing a lot of problems for the small patients and helping a lot to achieve rapid cure. However, the two cohorts were of course not randomized, thus it has to be asked which reasons beside propranolol might have contributed to the better outcome of group B. First of all, group A contained much more patients with advanced disease. This should be mentioned clearly in the discussion; the reason for this – like, e.g. earlier MR imaging or endoscopic diagnosis in stridor, should be given. On p.9, the authors write: One patient died secondary to a hypertrophic cardiomyopathy, not related to treatment with propranolol - which other mechanism caused cardiomyopathy in this patient? on p.10, the authors write: in surgical patients of 54.5 % (patients treated with single and combined therapy), we believe this therapeutic option is too invasive in the propranolol era. Should it not be discussed whether this depends on the patient’s clinical condition? In emergency cases, surgery may still be required, in concert with propranolol, in order to control an early emergency. These points should be improved, otherwise the work is very nice and helpful and should be published.

R: A comment about differences between both groups has been included in the manuscript. One patient died secondary to a congenital hypertrophic cardiomyopathy, not related to treatment with propranolol. A comment about the role of surgery in combination with propranolol in early emergency cases has been included.

3. Response to reviewer #646336:

Q: The paper is correctly presented . The study is retrospective but numbers are little in this area. Widely shareable and stated the use of propranolol in this pathology. The "class A and B" are not similar (grup I 27% in class A and 74% in B and so on) . There is a difference in percentage that has to be well claryfied and discussed . This underline the limitation of a retrospective study. Bibliography has to be updated with more recent papers.

R: The difference in both groups has been discussed in the manuscript. Bibliography has been updated.