

## ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 26656-Review.doc).

**Title:** Open abdomen in gastrointestinal surgery: Which technique is the best for temporary closure during damage control?

**Author:** Marcelo A F Ribeiro Jr, Emily Alves Barros, Sabrina Marques de Carvalho, Vinicius Pereira Nascimento, José Cruvinel Neto, Alexandre Zanchenko Fonseca

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 26656

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

### Reviewer 1

#### Comments:

The author(s) explained three different techniques for open abdominal surgery. They reviewed 33 papers in recent 20 years and reported the results. Title: It is not clear enough to reflect the aim and content of the study. Abstract: This section does not follow the instructions format. It's too long (about 390 words), while the permitted length is 246 words. Please review the instructions carefully again ([http://www.wjgnet.com/bpg/g\\_info\\_20140802221109.htm](http://www.wjgnet.com/bpg/g_info_20140802221109.htm)). Introduction 1- The table in this part has no number or legend! 2- There is a long list of spelling and grammatical mistakes in this section. Materials and Methods: 1- The main problem in this part is that you have not mentioned the type of your study. 2- The range of time for search is not clear enough. 3- There is a long list of spelling and grammatical mistakes in this section. Results: 1- It is better to categorize your data in proper headings and subheadings. 2- There is a long list of spelling and grammatical mistakes in this section. Discussion: 1- The data in tables 1 & 2 are repeated in this part again. 2- The priority of VAC technique should be explained clearly. 3- There is a long list of spelling and grammatical mistakes in this section. Final Decision: I think it's a fair manuscript which could be published after a major revision of the manuscript. I think it does have the qualities to be published in WJGS. It needs major language polishing, surely.

#### Reply:

We worked to improve the title to make it more clear to the readers. Also we reviewed the abstract and adapted to the recommended number of words. All the tables were corrected in order to make it more clear and properly insert in the text. We try to correct all the language and spelling mistakes. Also the authors inserted proper headings and subheadings. We try to discuss again the VAC technique and the reasons for it's priority.

### Reviewer 2

#### Comments:

Thanks to invite me to review this article. This article is a review about three different techniques

of laparostomy, a technique that is nowadays very often utilized above all during damage control surgery. The review refers to 33 articles during last 20 years. The Authors do not specify the prospective or the retrospective nature of the articles they have considered. The Authors were able to compare in their revision VAC therapy, Bogota and Barker techniques and to assess for each technique advantages and disadvantages among different managements in term of efficacy, outcomes, and costs. The subject under study of the review is quite interesting and conclusions from the Authors seem to indicate a plea of advantages for VAC therapy although it was more expensive. Sometime the English can be improved and the paper contains some typos and some unclear sentences, some of them are the following: Pag 7 Ischemia of the wall and intestinal mucosa: abdominal wall ? Pag 7 These, with: this, with Pag 12 There is an increase of blood flow for the injury ( for ? do you mean due to the injury?) Pag 12 anaerobic sepsis and thrombosis (thrombosis of what?) Pag 14 You do not need to stay in hospital ? Do you mean: there is no need of hospitalization? Pag 15 é indicada em situa??es como pancreatite, sepsis grave, trauma abdominal, dentre outras? Is this sentence portuguese? Pag 16 severe sepsis of abdominal focus? What do you mean for abdominal focus? abdominal origin? Pag 16 To be possible the sustenance of open abdomen: what do you mean for sustenance Pag 19 after the 8th day of laparotomy: from laparotomy? Pag 19 intestine lesions : intestinal lesions ? Pag 20 specially: especially ? Pag 23 VAC presented a 31%rate and MESH, 26% (of what?) Pag 24 facial closure: fascial.

**Reply:**

We studied the data both retrospective and prospective to be able to collect enough information to conclude which technique is the most adequate in the management of open abdomen. All the problems related to spelling, Portuguese text and etc were reviewed and corrected.

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

Sincerely yours,

Prof. Marcelo Ribeiro Jr., MD, Ph.D, FACS