

List of Responses

Dear Editor and Reviewers:

I am writing to submit a revised manuscript, entitled “Ultrasound guided nerve block anesthesia for the resection of giant shoulder-back tumor in a patient with severe asthma: a case report” (No. 71122).

Your comments, as well as the comments by the Science Editor and the reviewers have been carefully studied. The manuscript has been revised accordingly. In addition to the issues raised by editors and reviewers, I worked with a professional editor with medical background to revise the manuscript at the language level to improve clarity and conciseness (a certificate is provided as a separate document). Also, the materials in the Case Report and Discussion sections has been re-organized to improve coherence and readability. The references have been re-arranged accordingly. Point-to-point responses are made to address all reviewer comments and questions.

I thank you for inviting us to revise this manuscript, and hope that you will find the revised manuscript acceptable for publication in *World Journal of Clinical Cases*.

Warm regards.

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Point-to-point responses

Reviewer #1

a) Case Report (Page 3): Addition of CT image of the huge (25cm) tumor will help understand the readers the intention of the authors.

Author response: I appreciate the reviewer suggestion, but the CT examination was conducted at a local hospital and not by us. Only descriptive report (and not the original images) was available.

b) (Page 4): Please describe the puncture procedure more meticulously: US machine-frequency (? MHz) of the transducer.

Author response: Transducer frequency (10-MHz) has been added.

c) Discussion (Pages 6,7): Please discuss optimal US guided brachial plexus block +thoracic paravertebral nerve block more deeply. Location of puncture, probe, dosage of anesthesia, and problems and limitations of this procedure.

Author response: I appreciate the reviewer comment, and expanded the Discussion section with a focus on the combination of US guided brachial plexus block and thoracic paravertebral block.

Reviewer #2

3 Key words. Do the key words reflect the focus of the manuscript? • Reviewer's response: Yes, but the keyword "case report" should be added in according to CARE guidelines to better describe the purpose of this manuscript.

Author response: I appreciate the comment, and added "case report" into the keyword list.

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? • Reviewer's response: No, concerning the paragraph of Materials and Methods, the method followed to perform the regional blocks should be explained more or at least, should be referred. Also, the materials (e.g.: characteristics of ultrasound probe) used should be specified.

Author response: I appreciate the reviewer comment, and provided more details on the method of the 2 regional blocks in the revised manuscript. References have been added to support the method description.

6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? • Reviewer's response: Yes. Like a case report, it is not up to a sufficient, adds little of level of evidence to the body of previously published literature and lacks educational impact. Is it possible to add an educational message to this manuscript? For example, a comparison of the postoperative outcomes or complications rate of the peripheral nerve blocks used (supraclavicular brachial plexus block and paravertebral block versus epidural block).

Author response: I appreciate the reviewer comment, and expanded the manuscript (Discussion section) to compare the postoperative outcomes of peripheral nerve blocks vs. epidural blocks.

7 Discussion. Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? • Reviewer's response: Need improving.

Author response: I appreciate the comment, and revised the Discussion section to focus on the clinical relevance of this case.

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? • Reviewer's response: No, The Figure 1, 3A and 3B and the Table 1 need to be review. ... The Figure 3A and 3B need to be review.

Author response: I apologize for the errors in the table and figures (e.g., not providing figure legend), and revised all tables/figures carefully during the revision.

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? • Reviewer's response: Need improving. Please, see the specific comments addressed by this reviewer in the corresponding section of this review. Is the style, language and grammar accurate and appropriate? • Reviewer's response: No. Despite providing a certificate about the language edition, there are some parts of the manuscript which make it difficult to comprehend and, need to be reviewed. Thus, this reviewer still thinks that the English language should be extensively revised to increase the cohesion of the text to make it easier to comprehend to our readers.

Author response: I apologize for the poor organization, and revised the entire manuscript with the help from a professional editor with medical background. Materials have been re-organized

to enhance coherence and to improve readability by the general readership. Many statements have been revised/restructured.

13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; ...

Author response: I appreciate the comment, and revised the manuscript according to the CARE guideline. The CARE Checklist has been completed to indicate the exact location of specific items.

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? •

Reviewer's response: No, this manuscript shows an important flaw in ethics that may be addressed. The manuscript does not specify any study approval by an Ethic Committee to conduct this case report. However, the text states that (1) an informed consent was obtained from the patient (as the patient was a 70-year-old man, the family's consent would not be necessary); and (2) The study was undertaken in strict accordance with the Declaration of Helsinki. Also, the reviewer considers that the ethic paragraph should be included in the first part of the introduction, after the introduction of the case.

Author response: I appreciate the comment, and added the name of ethical review board and a statement of adherence to the Declaration of Helsinki to the manuscript.

3. Are there any flaws in the data presented? • Reviewer's response: Although it may correspond to a misunderstanding, there is a flaw in the data presented. (Page 2 of 14; line 28): The authors stated in the abstract that a left Subclavian brachial plexus block was administered to the patient. However, the authors used in the rest of the manuscript another term (supraclavicular brachial plexus block) to refer to the study intervention. Please, the authors should keep consistent throughout the paper the nomenclature of the peripheral nerve block performed in the study. Please, "Subclavian brachial plexus block" should be changed to "supraclavicular brachial plexus block".

Author response: I apologize for the error in the Abstract, and replaced "Subclavian brachial plexus block" with "supraclavicular brachial plexus block".

5. Are there any misleading or false conclusions? • Reviewer's response: Yes, there are some conclusions without providing the sufficient argumentation alongside the manuscript. (Page 5 of 14; line 90): The authors stated that "The postoperative analgesia reached 8 hours". It would be interesting to readers adding a description of the postoperative analgesia such as the VAS values (e.g.: a success of analgesia was reached thanks to a VAS inferior to 4) or the consumption of postoperative analgesia. (Page 5 of 14; line 104): This reviewer considers that the following sentence: "Therefore, ultrasound-guided regional nerve block became a better choice", should be reviewed because this is a case report and there is no another option studied to compare with so this statement would be a false conclusion. If the authors referred to the previous sentences where they compared to the general anesthesia and epidural anesthesia, please consider reviewing the sentence. (Page 7 of 14; 151-153) The conclusion provided by this manuscript ("Ultrasound-guided brachial plexus block combined with thoracic paravertebral nerve block

might provide a new anesthetic method for patients with poor cardiopulmonary function in shoulder, back and axillary surgery”) may be little ambitious and oversized.

Author response: I appreciate detailed comments and suggestions by the reviewer, and agree that some of the conclusive remarks in the original manuscript are not appropriate. The conclusion has been revised to “Ultrasound-guided brachial plexus block in combination with thoracic paravertebral block is a viable alternative for patients with poor cardiopulmonary function undergoing shoulder, back and axillary surgery.” Many other places of the manuscript have also been revised to tone down the case interpretation.

An international consensus about standardizing nomenclature in regional anesthesia of the abdominal wall, paraspinal, and chest wall blocks was published some months ago in the journal of Regional anesthesia and Pain Medicine (RAPM; online citation: <http://dx.doi.org/10.1136/rapm-2020-102451>). I consider appropriate to include this reference in the description of the intervention (thoracic paravertebral block) of this study.

Author response: I appreciate the reviewer comment, and revised the terms according to the standard nomenclature. The paper mentioned by the reviewer has been added to the reference list.

(Page 2 of 14; line 42-47): The authors should consider reviewing (editing and shortening) the following sentence: “Compared with general anesthesia, the incidence of deep venous thrombosis, pulmonary embolism, perioperative blood loss, postoperative hemorrhagic shock, pneumonia, respiratory depression and renal failure was significantly reduced by regional anesthesia, that can promote rapid recovery after surgery, thus reducing the length of hospital stay and medical costs”. The authors should consider changing “that can promote rapid recovery after surgery” to “which may provide a fast postoperative recovery”. • (Page 4 of 14; line 75): The authors should change “Challenge” to “challenge”.

Author response: I deeply appreciate the reviewer suggestion, and revised the manuscript accordingly. In addition to the specific statements, I also revised many other statements with the help from a professional editor with medical background.

Figure 3. The legend showing the abbreviations of the figures 3A and 3B are incorrect. The legend of the figure 3A should correspond to figure 3B and the legend of the figure 3B should correspond to figure 3A. • Figure 3. Please, consider changing “outside” and “inside” to “lateral” and “medial”, as correspond.

Author response: I apologize for the error in Fig. 3 legend, and revised it to Fig. 2 according to reviewer comment. The labels have also been revised per reviewer comments.

The authors showed in the Table 1 the detailed clinical course of asthma during the perioperative process. In the legend of the Figure 1, there is a misprint: the authors must change “coronal computed tomography image” to “chest X-ray”. This reviewer considers that the figures (Figure 2, 3A and 3B) would be enough to provide sufficient information to readers to understand properly this case. The reviewer suggests deleting Table 1 and the Figure 1.

Author response: I appreciate the comment, and deleted Table 1 and Figure 1. I have changed figure 2 to figure 1 and figure 3 to figure 2.