Dear Editor.

We would like to thank You for Your comments. We have tried to implement all of them in the final text of the article. Attached find point-by-point response to the comments of the reviewers.

General comments: You should state precise clinical features of CCFDN syndrome. It is important for anesthesiologists to know triggering events of rhabdomyolysis and the onset of facial dysmorphism, since they are very important to choose anesthetic method and agents.

Answer:

We focused on specific clinical signs and symptoms of CCFDN syndrome, especially those associated with possible anesthetic complications. We prepared a table with these signs and complications for better learning outcomes.

Rhabdomyolysis is more mentioned in the Abstract and Discussion section. We write about anesthetic agents as triggers and typical symptoms of rhabdomyolysis.

Abstract: Are rhabdomyolysis and seizure in CCFDN syndrome related to anesthetic management? Are they triggered by anesthetic agents? Was the tracheal intubation easy or not?

Answer:

We discuss this acute crisis in the Abstract section with attached reference.

Introduction: The descriptions of lines 7 to 17 (CCFDN syndrome has...progression of the curve. (8-12)) should be moved to discussion section.

Answer:

This part of the text was moved to the Discussion section in adequate paragraphs.

History of present illness: The sentence on pulmonary function test should be moved to "Laboratory examination" section.

Answer:

We moved the sentence about pulmonary function test to Laboratory examination section.

Personal and family history: You should state the presence or absence of previous rhabdomyolysis, seizure, or person(s) with CCFDN syndrome.

Answer:

We completed the information about family relatives and associated symptoms.

Physical examination: You should delete the result of pulmonary function test.

Answer:

These results are deleted. They are mentioned in the Laboratory examination section.

Treatment Anesthetic management: You stated anesthetic management in one paragraph. It is extremely important to make proper paragraphing. Did the child develop perioperative rhabdomyolysis and/or seizure?

Answer:

We divided this part into five paragraphs: preparation before anesthesia, induction and maintenance of the anesthesia, recovery from the anesthesia and postoperative care. We added text about perioperative rhabdomyolysis and seizure to the fourth paragraph.

Discussion: I would recommend that you state clinical and genetic features of CCFDN syndrome in the first paragraph, potential anesthetic problems related to CCFDN syndrome in the second paragraph, and discussions on anesthetic management of each potential anesthetic problem in the third paragraph. And, you should state your conclusion in the fourth paragraph.

Answer:

We prepared four paragraphs in the Discussion section. The first paragraph includes genetics features removed from the Introduction section. The second one contains possible complications, especially difficult airway management. The third paragraph is about specifics of the anesthetic management and the last one is the conclusion.

We made a significant correction of the English text. Then the language was edited by Dr. Patric Lausch, a California native and Anesthesiologist (contact: docrescue@gmail.com).

CCFDN syndrome is used in the title and as a keyword. We did not use it as an abbreviation but as a synonym for the full text. The full text is mentioned in the Abstract section. In case, you would prefer full text in the title, we have to rearrange it due to the word count limit.

Best regards, Martina Kosinova

In Brno, 16th December 2021