

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled Primary and secondary postoperative hemorrhage in pediatric tonsillectomy. Those comments are all valuable and very helpful for revising and improving our paper. We have made revisions carefully according to the comments. The revisions are highlighted in the paper and the responds to the reviewer's comments are as follows.

Thank you and best regards.

Yours sincerely,

Bin Xu

Reviewer #1

The article with the title "Primary and secondary postoperative hemorrhage in pediatric tonsillectomy" is in generally well done, but I would offer these comments to the investigators:

- 1. Several words throughout the manuscript appear to be merged. Please correct it.*
- 2. Some minor grammatical errors occur. The manuscript contains significant language-related issues. Please correct these types of grammatical errors throughout the paper.*
- 3. Page 7: Please correct "...diagnosis, timing..." with "...and timing..."*
- 4. Page 8. Please correct "hemorrhage" with "haemorrhage".*
- 5. Page 12. There are two "the" "....or suturing of the the tonsil pillars...". Please revise.*

Response:

We are very sorry for typos and grammatical errors in the manuscript. We have revised the manuscript carefully according to the reviewer's suggestions.

Reviewer #2

Name of Journal: World Journal of Clinical Cases Manuscript NO: 58700 Title: Primary and secondary postoperative hemorrhage in pediatric tonsillectomy It is an interesting study, however, the manuscript would benefit from the following changes/corrections:

1. The introduction is inadequate. The authors should give the prevalence of recurrent acute tonsillitis in the study population; its etiology and outcome.

Response:

Thanks for the valuable comments. The prevalence, etiology and outcome of recurrent acute tonsillitis and OSAHS have been supplemented in the introduction as follows.

Acute tonsillitis may occur at any age and the incidence peak is observed in school age children. It is responsible for approximately 5% of emergency medical consultations[2]. The main pathogenic bacteria are group A β -hemolytic streptococcus, followed by staphylococcus aureus and haemophilus influenzae. Recurrent acute tonsillitis causes frequent episodes of sore throat and fever, that make patients suffer from a considerable disease burden[3]. The prevalence of OSAHS is 1.2% in elementary school children[4]. The most common symptoms associated with OSAHS include snoring, episodes of apnea, daytime sleepiness depressed mood and irritability resulting in reduced quality of life. Meanwhile, the increased blood pressure, caused by the physiologic stresses of upper airway obstruction, can increase the risk of cardiovascular and cerebrovascular accidents[5]. Therefore, tonsillectomy is beneficial to protect the health and improve the quality of life of patients with surgical indications[6].

2. The authors may like to give some estimates on the prevalence of tonsillectomy in China.

Response:

Right now, it is hard to make some estimates. There has been no published epidemiological record of the incidence of tonsillectomy in Chinese children due to a

wide geographical distribution and a huge population.

3. Results: It would be worthwhile to present the results in various sections with subheadings.

Response:

Subheadings have been supplemented such as general information of hemorrhage, intervention measures for hemorrhage, and position of hemorrhage.

4. The authors may like to elaborate the use of variable like 'Monthly mean air temperature, and timing of surgery.'

Response:

Monthly mean air temperature= Monthly average air temperature, we assumed that postoperative hemorrhage was associated with air temperature.

Timing of surgery= Operation Schedule, the time when the operation started, we assumed that postoperative hemorrhage was associated with fatigue of surgeon.

5. Basic demographic details of subjects like origin, ethnicity, family history etc. need to be presented.

Response:

Thanks a lot for the suggestion. Unfortunately, these information (*origin, ethnicity, family history*) were not recorded in detail in the original files. More than 99% of the study population's ethnicity was Han nationality in our patients, the influence of ethnicity could be ignored. Few of studies have indicated directly that recurrent acute tonsillitis and OSAHS were hereditary, the family history has little significance.

6. The primary presentation of the patients and associated complications, if any, should be mentioned.

Response:

The primary presentation of the patients with recurrent acute tonsillitis were frequent episodes of sore throat and fever. The most common symptoms associated with

OSAHS include snoring, episodes of apnea, daytime sleepiness depressed mood and irritability. Post-tonsillectomy hemorrhage is the most frequently encountered complication after tonsillectomy, in addition to pain, dehydration, airway obstruction, vomiting and pulmonary edema. These have been mentioned in introduction and discussion.