

Dear Editors and Reviewers:

Thank you for editors and reviewers' comments concerning our manuscript entitle "Intracuff alkalinized lidocaine for the prevention of postoperative airway complications: a meta-analysis of randomised controlled trials". Those comments are all valuable and helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made a correction which we hope meet with approval. Revised portions are marked in red in the manuscript.

I would like to re-submit this revised manuscript to World Journal of Clinical Cases, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely,

Ye Zhang, Hefei, E-mail: zhangye_hassan@sina.com

Detailed Responses to Reviewer

Response to reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This meta-analysis evaluated intracuff alkalinized lidocaine and its effects in reducing the incidence of postoperative respiratory complications. The meta-analysis was well written with well described methods. Please just explain and substantiate with literature references, in discussion, the reason for using the alkalinized lidocaine.

Response: We agree with your comment. We explained and substantiated the reason for using the alkalized lidocaine with literature references as the following:

Our results revealed that intracuff alkalized lidocaine did decrease postoperative airway complications. To achieve a significant therapeutic effect, large doses of lidocaine may be necessary without alkalization^[38]. According to Estebe et al., plasma lidocaine levels confirmed the increased diffusion of lidocaine through the cuff when lidocaine was alkalized. Moreover, this increased diffusion did not lead to a palsy of vocal cords. Therefore, the use of a small dose of alkalized lidocaine (40 mg) is a relatively easy and safe practice that avoids the use of large doses of lidocaine^[34].

Response to science editor:

1. The title is too long, and it should be no more than 18 words.

Response: We agree with the comment and modified the title in the revised manuscript as the following:

Intracuff alkalized lidocaine to prevent postoperative airway complications: a meta-analysis

2. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We apologize for the original figure problems. Following the reviewer's suggestion, we have prepared and arranged the figures using PowerPoint named "67927-Figures.ppt".

3. The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response: We apologize for the mistakes in the manuscript and also carefully checked the entire manuscript for typographic, grammatical, and formatting errors. We have added the "Article Highlights" section at the end of the main text.