

Manuscript 81548 Response to Reviewers

Dear reviewers:

Thank you for giving us the opportunity to submit a revised draft of the manuscript 'Anesthesia management in a pediatric patient with complicatedly difficult airway: A case report' for publication in the World Journal of Clinical Case. We appreciate the time and effort that you dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper.

We have incorporated most of the suggestions made by the reviewers. Please see below, in blue, for a point-by-point response to the reviewers' comments and concerns. All page numbers refer to the revised manuscript file with tracked changes.

Reviewers' Comments to the Authors:

Reviewer 1

The authors described how they managed a case whose only 9-year-old with difficult airway. The airway managing process seems to be rational. However, the timing to perform the surgery should be questioned. The authors mentioned that Chest radiography demonstrated pneumonia, in such condition, any airway manipulation become more difficult and dangerous. Pneumonia should be well treated before elective surgery. The indication to perform the surgery at that time needs to be explained since there are other ways to treat malnutrition such as Total parenteral nutrition. There are other issues such as how did the authors prevent aspiration pneumonia?how is the strategy for para-oxygenation?

Authors response:

Thank you for pointing this out. We will explain the timing of the surgery as follow. 1. For routine elective surgery, it is widely accepted practice to treat pneumonia before elective surgery if the patient has pneumonia. But it is not

typical elective surgery. The patient's physical deformity and malnutrition and limited care conditions led to protracted pneumonia. These reasons make it difficult for patients to adjust to a conventionally safe state. We added relevant supplementary content to the history of present illness of the manuscript (Line 15, Page 5). 2. Given the child's age, physical deformity, and cognitive status, even a central venous puncture alone requires general anesthesia and resolution of airway problems. The operation of implantation of an implantable venous access port (IVAP) and gastrostomy take a long time, but the risk is reduced after the airway problems are resolved. 3. We prevented aspiration by adjusting the position and giving oxygen by a non-pressurized mask. Suction device and large suction tubes were ready for sudden regurgitation and aspiration. We added relevant supplementary content to treatment of the manuscript (Line 4, Page 7). 4. The patient underwent adequate pre-oxygenation before anesthesia induction. The patient continuously inhaled 8 L/min of pure oxygen through the mask for 5 minutes (Line 8, Page 7).

Reviewer 2

1. The background part of the abstract was not directly related to the theme, and was too verbose. The conclusion was too simple to directly indicate the scientific problems that need to be conveyed to readers. 2. The emphasis of the article was not clear. When describing the anesthesia management of difficult airways, if we had focused on describing the development process of anesthesia programs and evaluation indicators (such as what specific circumstances or conditions to develop anesthesia programs, airway management programs, etc.), we could have provided new ideas for the anesthesia management of other complex airways, which would make this case more valuable for reference. 3. The author is recommended to compare the differences between complex airway intubation and common intubation, and extract the uniqueness and precautions of this intubation. 4.

The language of the background and discussion part is lengthy, not compact, and not logical. It is suggested to modify further.

Authors response:

Thank you for your decision and constructive comments on my manuscript.

1. Thank you for the abstract suggested. The precedent version of the background part and conclusion part of the abstract have been replaced, becoming Line 2, page 3 and Line 21, page 3. 2. The article focuses on anesthesia management of the difficult airway in children. We mainly described preoperative evaluation, anesthesia procedures, application of induction drugs, and analyzed the reasons for failure of the first intubation attempt. Managing different difficult airways depends on the patient's condition and the individual abilities and habits of the anesthesiologist. For this case, we discussed the characteristics of pediatric difficult airway, how to carry out appropriate sedation and the application of FOB skills, etc. 3. We added a comparison of difficult and common intubation in the last part of the discussion (Line 18, page 10). 4. We've revised the discussion section to shorten the length and highlight the focus of the article. The revised content was found in the discussion part of the manuscript (Line 13, page 8).

If there are any other modifications we could make, we would like very much to modify them and we really appreciate your help.