

Format for ANSWERING REVIEWERS



April 17, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7786-review.doc).

Title: Successful surgical strategy in a late case of Boerhaave's syndrome

Author: Gang Shen, Ying Chai, Guo-Fei Zhang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7786

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) *"Please mention use of self-expandable metal stents (SEMS) in conjunction with thoracoscopic or interventional radiologic drainage of the contaminated chest cavity as an alternative to open surgery in Boerhaave's syndrome. This has been the approach of the reviewer for the past 5 years."* (Reviewed by **00004485**)

Answer: As suggested by the reviewer, we have added the application of self-expandable metal stents in the Discussion.

(2) *"Minor grammar suggestions: a. Abstract: Line 4 = regarding late perforations b. Core tip: Line 3 = especially in late perforations c. Core tip: Line 9 = for late Boerhaave's... d. Case report, line 3 = A chest x-ray at that time e. Case report, lines 13-14 = Subsequent computed tomography...with a large collection diagnostic of esophageal perforation f. Case report, paragraph 2, line 15 = was closed in layers."* (Reviewed by **00004485**)

Answer: Thank you for the advice on the grammar in our manuscript. We have revised the grammatical errors in our manuscript according to the reviewer's suggestion, and the revised manuscript has been checked again by a native English speaker experienced in the editing of medical texts.

(3) *"1. The manuscript is well written and well-referenced. 2. Surgical management of late Boerhaaves syndrome is controversial and there is no general consensus. There may be some innovative technique here by using the y-chest drain for irrigation and drainage, but I continuous drainage next to the site of repair may hamper healing and this may be a contributory factor for the initial leak. 3. I am not sure the NGT in the proximal oesophagus and a laparoscopic gastrostomy to deflate the stomach are both necessary. Placing a NGT tube in the stomach may suffice. Decompressing the proximal oesophagus is not indicated. 4. Definitely the laparoscopic jejunostomy was essential to maintain eneteric nutrition. 5. In the introduction, sentence "involved surgical repair of the perforation and a series of drainage procedures, thoracotomy and laparoscopic gastrostomy, and feeding jejunostomy." Please rephrase for further clarity. 6. The authors mentioned that "the perforation edge were necrotic and oedomatous", but they did not mention if they needed to refresh the edges prior to the repair. Also what was the repair was done with? What type and strength of sutures?"* (Reviewed by **00057695**)

Answer: Thanks! Due to the high rate of esophageal leakage in the late perforations, it is important for providing the best possible local conditions for the healing of the perforation. In our case, the y-chest tube was positioned near and parallel to the repaired esophagus for continuous postoperative irrigation and drainage. The nasogastric tube was to drain the sputum and regurgitated gastric juices. Moreover,

gastrostomy was to keep the stomach decompressed to reduce gastroesophageal reflux. We believe that the drainage series could be a feasible surgical therapeutic option in esophageal perforations. We have revised our paper according to the reviewer's suggestion.

(4) *"Thank you very much for having me this opportunity to review this paper. This paper is well described with impressive pictures and worth to be published in World Journal of Gastroenterology."* (Reviewed by 00045997)

Answer: Thanks!

(5) *"The article presents a successfully treated spontaneous esophagus rupture. The novelty of this case is the application of the suctioning- rinsing drainage beside primer suture. The primer suture is a method that can be applied in special cases even in late perforations. Its literature is quite wide-ranging. The drainage cannot be considered as quite a new method either. The curiosity is the application of a special suctioning-rinsing drain. In my opinion this operating technique can be successful in case of minimally suture failure and it can be substituted with other methods (e.g. stent vs. inserting clip, t tube etc.) Discussion is incomplete especially in the field of presenting the treating methods of late perforations."* (Reviewed by 02549958)

Answer: Thanks! we have revised our paper according to the reviewer's suggestion.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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