

ANSWERING REVIEWERS

June 23, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 10924-edited.doc).

Title: Gastrotracheal fistula: treatment with a covered self-expanding Y-shaped metallic stent

Author: Fei Wang, Hong Yu, Ming-Hui Zhu, Quan-Peng Li, Xian-Xiu Ge, Jun-Jie Nie, Lin Miao

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10924

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

Replies to the Reviewer No. 02445426

(1) As the authors described, GTF occurring in the late post-operative period is most often due to tumor recurrence, radiation necrosis, and tracheobronchial erosion along the gastric staple-line. What was the exact cause of GTF in the present case?

Answer: Although the patient had undergone radiotherapy for esophageal cancer before admission to our hospital, it was 3 years ago. In our opinion, the GTF may be associated with tumor recurrence and tracheobronchial erosion along the gastric staple-line.

(2) As the authors discuss, migration of the stent is among major complications of the straight stent for patients with GTF. Please describe reported incidence (%) of migration of the placed straight stent in the literatures.

Answer: Many studies have reported that stent migration is one of the major complications of the straight stent for patients with gastrotracheal fistula or tracheoesophageal fistula. But there is no accurate incidence (%) of stent migration. Recently, Several methods such as the combination of radial expansile force, friction between the uncovered portion of the tracheal stent and the tracheal wall, and epithelialization after the uncovered proximal part of the stent have been proposed for preventing stent migration. But there is no data proving the effectness of those methods.

Replies to the Reviewer No. 00608177

(1) Why the authors preferred a covered self-expanding stent? In the discussion section,

they should briefly explain the advantages of the use of covered self-expanding stents over that of silicon stents in the treatment of this type of lesions.

Answer: In TEF, self-expandable stents have some advantages over silicone stents. Self-expandable stents can be placed more easily, and be deployed over a guide wire or even under direct vision. Malpositioning of the stent can quickly lead to a dangerous situation if the stent placement cannot be corrected or the stent is not withdrawn quickly enough. These corrections are also easier with this type of stent. What's more, self-expandable stents may have the largest dimensions possible that fit the patients. Thank you for your suggestion. We have added it in the revised manuscript.

(2) To reduce the risk of secretion retention, it could have been possible to use a covered self-expanding Y stent with shorter bronchial arms?

Answer: It may be a good idea to reduce the risk of secretion retention, but we haven't found any reports to prove it. We may make a research on it later. Thank you for your advice.

(3) The indication for the placement of the stent was the onset of cough with pulmonary infection. The authors should report in the "Case presentation" section if these symptoms improved after the stent placement.

Answer: The symptoms of cough and pulmonary infection improved after the stent placement. Thank you for your suggestion. We have added it in the revised manuscript.

(4) The placement of this type of stents may be made under sedation. The authors should explain in the discussion section why they performed the procedure in general anaesthesia with jet ventilation.

Answers: For the patient with a TEF, maintaining sufficient ventilation is difficult. Passing the fistula with the bronchoscope, and ventilating the patient through the bronchoscope lying distally to the fistula, is usually possible without problems in a high TEF. However, in a fistula at the level of the tracheal bifurcation or near the carina, it is not feasible. Thus jet ventilation is necessary. Thank you for your suggestion. We have added it in the revised manuscript.

(5) The placement of this type of stents may be facilitated by the use of a rigid bronchoscope. The use of a rigid bronchoscope, moreover, may be necessary in case of stent removal. Was a rigid bronchoscope available in the operating room?

Answer: Yes, the rigid bronchoscope was available in the operating room. In our case, when placing the Y-stent, the 2 guide wires were introduced in both main bronchi through the flexible scope under optical and fluoroscopic control. A rigid bronchoscope was ready for emergency extraction of the stent, when the Y-stent was malpositioned.

(6) I don't understand the meaning of the sentence "After consultation with specialists" (Discussion section, page 4, lines 15 and 16).

Answer: The meaning of the sentence is that we had a discussion between the cardiothoracic surgeon, pneumologist and endoscopist, before inserting the covered self-expanding Y-shaped metallic stent.

(7) The English requires revision.

Answer: The manuscript has been revised by a native English speaker.

3 References and typesetting were corrected

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

Sincerely yours,

Fei Wang

Second Affiliated Hospital of Nanjing Medical University
121 Jiangjiayuan, Nanjing 210011, Jiangsu Province, China
E-mail: wangfei880606@126.com