

## Reply to Reviewer Comments

**Comments:** *The authors describe the epidemiological characteristics of their institution regarding electrical burns and applied a standardized brief version of burn specific health scale to assess quality of life. I personally enjoyed reading the paper, it was easy, logical and coherently organized. The title reflects the main subject of the manuscript, however I believed it could be shortened. The abstract is adequate and emphasizes the goal of the manuscript. The application of a health scale to measure the outcomes that matter to the patients after an intervention or pathology strengthens the importance of the manuscript. The methods were described in adequate detail. The paper achieved the objectives. The manuscript interpret the findings adequately and allows to analyze the implications of the results in terms of the need to create policies to regulate or promote prevention campaigns in order to decrease the electrical burns. The manuscript has a good presentation quality. The manuscript meet the requirements of ethics.*

**Reply:** Thanks for favorable assessment of paper and your inputs to improve the paper further. I have edited the paper in line with your comments. The reply to your queries is as follows:

**Query 1.** *Were there any additional complications? It is very common in patients with electrical burns because of the progressive damage to underwent late tendon or nervous ruptures that require additional surgical procedures. Did the authors notice those situations?*

**Reply:** The issue of progressive tissue necrosis in high voltage burns is well documented in literature. We also faced the same in sub-acute setting which led to need of multiple serial debridements. As suggested I have expanded this aspect in results and discussion part of paper. During 9 months follow up, we did not encounter late tendon or nerve ruptures. It could be because of extensive debridements done during the initial setting.

**Query2:** *I understand the authors applied the gold standard of early debridement and coverage, but in patients in whom the clinical scenario was not adequate for early reconstructive procedure because of infection, what was the management in those cases?*

**Reply:** All the patients who were incoherent during primary survey because of neurological damage were not included in this series as that could potentially affect ability to answer quality of life

questionnaire satisfactorily. Also patients requiring intubation because of their injuries were also excluded in this series. This fact is already mentioned in Methodology segment of manuscript. So, after excluding this subgroup, we were in position to follow the gold standard of early debridement and reconstruction for all the patients in this series.

***Query 3: I believe the authors could complete the paper with more images or pictures in which they show the different degrees of electrical burns they treated within the whole spectrum (from the minor to the most severe)***

**Reply:** Thanks for the suggestion. I have included few more photographs. The manuscript now depicts severe hand and forearm burns, scalp burns requiring flap coverage and burns requiring bilateral amputation in an attempt to complete the spectrum of electrical injuries