

Rosana Muñoz Bermúdez, MD  
Hospital del Mar  
Passeig Marítim 25-29  
08003, Barcelona  
[Rmunozbermudez@parcdesalutmar.cat](mailto:Rmunozbermudez@parcdesalutmar.cat)

July 22th, 2019

To the Editor of World Journal of Critical Care Medicine,

First of all, thank you for considering our manuscript "Successfully Non-Surgical Management of Flail Chest as First Manifestation of Multiple Myeloma: A case report and review of literature" to be published in the World Journal of Critical Care Medicine.

We would like to thank the reviewers for the thoughtful comments.

**Reviewer's code:** 00502903

***SPECIFIC COMMENTS TO AUTHORS***

*This is an interesting case report of flail chest upon initial presentation of multiple myeloma and a reminder that associated respiratory failure does not necessarily portend a poor prognosis. The word "Fail" in the title needs to be correct to "Flail."*

**Response:**

Thank you for your comment and we appreciate the positive feedback from the reviewer. The manuscript was reviewed for an English speaker to improve it.

**Reviewer's code:** 03491558

***SPECIFIC COMMENTS TO AUTHORS***

*The manuscript (MS) by Dr. Rosana Muñoz-Bermúdez et al. describes a case of invasive ventilatory management for a patient with fail chest and multiple myeloma. Unfortunately, this case report does not offer novelty and attractiveness. I have major concerns for this MS. For instance, why did the authors not think to perform a*

*tracheostomy after one month of ventilation? Overall, the MS does not offer potential interest for readers. Finally, it requires an extensive linguistic in terms of syntax and grammar. For example, the core tip 'This type of pathology has a poor prognosis. Our patient, thanks to the combination of treatment with bortezomib for MM and positive pressure ventilation to facilitate the consolidation of his fractures, made that our patient had a successfully recovery, without...' it seems that a final part is missing. Again, in the conclusion 'This case highlights the importance of combination between bortezomib and dexamethasone to induce remission of MM and the initiation of positive airway pressure with mechanical ventilation to stabilize chest wall to solve the respiratory failure made a quickly resolution of the clinical situation was possible.' rather 'This case highlights the importance of combination between bortezomib and dexamethasone to induce remission of MM and the initiation of positive airway pressure with mechanical ventilation to stabilize chest wall to solve the respiratory failure. This combined approach allowed to obtain a quickly and complete resolution of the clinical situation'. Yet, there are a lot of technical comments that should be addressed: e.g., diagnonostic - rather diagnostic.*

**Response:**

Thank you for your suggestions. The manuscript was reviewed for an English speaker to improve it. In response to your question about the patient's intubation time, we recognize that it was a difficult decision for our team. During the treatment of multiple myeloma, we were waiting for some sign of medical improvement, such as a radiological image, to see if the treatment was taking effect and, consequently, to advance in weaning or take the decision to perform a tracheostomy. We obtained the clinical and radiological improvement of the patient, more or less, at third week, so we decided to give him the opportunity to be extubated without having a tracheostomy.

We are at your disposition for further changes, if required.

Yours sincerely,  
Rosana Muñoz Bermúdez