

Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4023-review.doc).

Title: Classic clamp-and-tie total thyroidectomy for large goiters in the modern era: to drain or not to drain?

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The manuscript has been improved according to the suggestions of reviewers:
1 Revision has been made according to the suggestions of the reviewer

Reviewed by 00289566

Q1) There was quite a bit of drainage noted (70+cc on average) before the drains were pulled. Were these all pulled at the 24 hr mark? If they put out significantly more, were the drains left in for a longer period of time?

R1) No the drains were removed at the 24hour mark. The following phrase was added in the results section: ". The suction drain was maintained 24 hours in all group D patients, regardless of the content of the drains."

Q2) Can the authors clarify what is meant by the 'discomfort' reported as opposed to the VAS pain scale reported? How is this different?

R2) As defined in the dictionary (dictionary.com) "discomfort is anything that is disturbing or interferes with comfort". Pain is on parameter that may cause discomfort however, it is not the only one. We judge that there is no need to explain this difference in the manuscript

Q3) One of the potential benefits of the drain may also be perhaps a quicker recovery as the fluid has been removed. Did the authors look at any postoperative variables more than just in the hospital? Did patients report less edema or a quicker recovery in any way?

R3) Our experience says that drain do not offer anything to the postoperative course of the patients. However, since this is a registered trial we don't have the right to report parameters that were not registered.

Q4) One of the potential downsides to the use of the drain is the cosmetic result of a separate puncture site or a wider incision/scar. Did the authors obtain data from the patients about the perception of their incisions?

R4) Yes we have data concerning the perception of the incision, however as answered before this is a registered trial we don't have the right to report parameters that were not registered. However, off the record statistical significant differences concerning the perception of the scar were only apparent up to 3 months from the operation, while they disappeared at the 6 month interval.

Reviewed by 00503723

Q1. The chosen methodology was not concentrated on one objective - the drains, and involved numerous data that was not statistically evaluated or used to answer the question about the necessity of a drain. SGOT, SGPT, LDH, Glc, Ure, Cre, K+, Na+, Mg²⁺, TP, ALB, fT3, fT4, TSH, PTH, PT, aPTT, INR, Ht, Hgb, WBC - did you find any connection between these data and the drain? Was transient hypoparathyroidism taken into account in case of drains? If not, why the readers need to know this information?

R1. All these data were collected and taken into consideration. However, only data where statistical significant differences are observed were presented in the result section, in order to shorten the manuscript.

Q2. What are the results? If the patients were properly randomized into two groups, we do not expect to find any differences between the groups in age, gender, body mass, etc. and this portion of the Results is useless. Any correlation between body mass and drain discomfort? Any correlation between drain discomfort feeling and any other variance? If no, why to report all this? Therefore, the only true result is expressed in one single phrase: "40 patients of group D and 9 patients of group ND had the sentiment of discomfort (p<0.001)".

R2. I doubt that the reviewer would have thought that the randomization was proper without all these data available. This question is like the egg of Columbus.

Q3. Discussion is misleading and not connected to the drain question. Half of it can be safely removed from the paper.

R3. I think that the reviewer should carefully read a manuscript when reviewing it. Reviewers that don't have the willingness to read a manuscript, and/or have a prejudice concerning a subject should refer from reviewing. Naturally, I can't reply to this reviewer comment (on a point by point basis) since there is no point to reply to.

Comment 4. Conclusion. While the authors do not answer the question "to drain or not to drain" and do not put an exact recommendation leaving all to the judgement of a surgeon, the paper has no conclusion.

Reply: Obviously the reviewer does not understand English well enough... In the conclusions section we clearly state that: "The results of this study confirm that the usage of drains when performing total thyroidectomy for a large goiter gives neither an advantage, nor a disadvantage to the surgeon." Meaning that from a scientific point of view it is the same either to drain or not to drain... However, as mentioned in the same section we have to take into consideration patients discomfort and surgeons' serenity... In

other words, experienced surgeons in large centers more likely don't use drains, while un-experienced surgeons in small centers are more likely to use...

Reviewed by 00503773

We thank the reviewer for his recommendation.

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

Sincerely yours,

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