ANSWERING REVIEWERS

January 12.2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7259 review).

Title: **Acute coagulopathy of trauma: Mechanism, monitoring, management**

A review of the literature

Author: Anusha Cherian. Prasanna Bidkar Udapi

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 7259

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) Reviewer **02497108**

Some typographical error in part of this issue should be corrected.

One word "describes the "diferrent" ways of ……" on page 2, line 6, should be corrected to "different".

Another typing error ""hypocoagulablity" is often seen in the presence of ……" on page 7, line 3, should be corrected to "Hypocoagulability".

Corrections have been done and incorporated in the revised manuscript

(2) Reviewer **00502808**

1. The authors have used many abbreviations without their full forms. All the abbreviations should be written in full form at the first use in the manuscript.

All Abbreviation have been written in full at their first use in the manuscript

2. At certain places, the statements appear to be contradictory. For example, on pages 7 & 8, while writing about hypothermia, the authors mention that mild to moderate hypothermia (33-36° C) rarely has an effect on coagulation in isolation and then they mention that hypothermia is an independent risk factor for mortality.

This paragraph has been modify to read "However since most trauma patients present in mild to moderate hypothermia (33-36° C), it rarely has an effect, in isolation, on coagulation[5]. Coagulopathy is worsened by the resulting vasoconstriction due to sympathetic response to hypothermia. Hypothermia also leads to acidosis and therefore worsens coagulopathy. Mortality reaches 100% when temperature falls below 32°**C**.

3. Similarly on page 11, it is mentioned, "The presence of two or more abnormal values from clot initiation, amplification or clot strength and stability is regarded as clinical coagulopathy." However, the next paragraph mentions, "there is no standard accepted definition of clinical coagulopathy defined by TEG or TEM". Some linking sentence may improve the understanding of the concept e.g. "Although according to a study the presence of two or more abnormal values from clot initiation, amplification or clot strength and stability is regarded as clinical coagulopathy; there is no standard accepted definition of clinical coagulopathy defined by TEG or TEM."

This statement has been modified to read "Presence of two or more abnormal values from clot initiation, amplification or clot strength and stability is regarded as clinical coagulopathy by most centres.[36]"

4. On page 10, paragraph 3; while writing about PT and PTT, it is mentioned that a value of > 1.2 is regarded as the clinically significant threshold for defining ACoT. Is this the value of INR or 1.2 times normal PT and PTT? Moreover, should it be 1.2 or 1.5?
"A value of INR > 1.2 is regarded as the clinically significant threshold for defining ACoT.[3]." This is quoted from the reference number 3 sited in this article

5. On page 13, paragraph 2, initial 3 sentences appear to be repetitive and may be removed.
This change has been incorporated

6. Page 13, 3rd line from below: Reference number needs to be added to the study by Maegele et al.

Reference added

7. On page 15, while writing about antifibrinolytics, the dose of tranexamic acid is mentioned in 'mg' in the last sentence (Probably a typing error).
The units have been modified "It should be administered within 3 hours of trauma, in a dose of 1-2 g over 10min and repeat 1 g over 8 hours([19,54]."

(3)??

……

3 References and typesetting were corrected

Thank you again for reviewing our manuscript in the World Journal of Anesthesiology.

Sincerely yours,

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