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Academic degree: Doctor, MA, MD

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SPECIFIC COMMENTS TO AUTHORS
The authors present a case of a successful complication management in a patient with an autoimmune disease. The patient had an emergency operative procedure during which she experienced extensive oral bleedings due to a preexisting condition, which were controlled by oral packing and invasive ventilation until drug treatment of the underlying disease took effect. The message is that a multidisciplinary approach before an operation is important, including precautions concerning preexisting comorbidities forbidding ambulatory surgery. In emergency situations good communication between different specialties is vital (which is always the case). A protocol for complication management is provided. The title and abstract are meaningful and concise. The Conclusion and Core Tip support the message. Keywords are relevant. The Introduction gives a lot of information about Linear IgA Bullous Dermatosis (LABD). Relevant introductory information for this case are only the first two paragraphs, which should end with the mentioning of limited literature about airway management in these cases (like Line 105-108). The following paragraphs and informations are relevant for the Discussion and are repeated there. They are not relevant for the Introduction and could
be deleted. The Case Presentation is extensive but a little mixed up. The History of the present Illness of course includes LABD. The preoperative diagnosis and first line treatment is described in the personal and Family History section but it should be integrated in the Present Illness History as it is relevant for the present case. The same applies to the patient’s economic situation, as it probably was the reason for the discontinuation of the treatment, resulting in aggravation of symptoms. The patient’s preexisting depression and anxiety might have played a role as well. If so, it should be mentioned. The eye injury was an emergency procedure. It is questionable, why this had to take place in an ambulatory setting and the patient was not transferred to the main hospital preoperatively. The physical examination had revealed the extensive oral ulcerations and the medical history was disclosed before the operation when there still had been time for a transfer to the main hospital. In an emergency setting there might have been reasons for starting the procedure in the ambulatory center with organised transfer postoperatively, but this should be mentioned explicetely. The Case Outline gives details about the airway management and the course of events. The first paragraph of the Discussion does not add to this section and could be moved to the Introduction. In this part it should be made clear, if different additional diagnoses were taken into account or discarded and which considerations led to the reported airway management. Where there any alternatives to not doing an emergency procedure right away? Was it not an option to start LABD treatment before the operation and transfer the patient to the main hospital beforehand? The second paragraph is in large parts only a repetition of the Introduction. It does not add any new points. Drug-induced LABD is not uncommon (and mentioned in Lines 248/249), but it needs to be explicitly explained, why an idiopathic LABD was assumed in this case, as discontinuation of an inducing agent would have been the first hand treatment. This point somehow is mentioned in the Conclusion but does not belong there. The pharmaceutical treatment of LABD is then
mentioned with possible complications. That is o.k., but the local actions controlling the bleeding are very relevant. The effect of Dapsone after 72 hours is good to know, but an anaesthesist experiencing oral bleeding needs to control these right away. That of course is standard for ENT anaesthesia, but are there special issues in LABD to be considered? If not, that would be worth mentioning as well, as it would then just be an issue of “bridging” the patient until the medication takes effect. The Conclusion is not really a good summarization. First, it includes considerations which should be part of the Discussion (Lines 262-265) or the Case Presentation (Lines 265-268). Second, it is somewhat contradictory, because some details of the patient’s medical history had been known before the operation. The second paragraph describes features of the ambulatory surgical center which luckily allowed for a successful management. That should not be part of the Conclusion, it might make sense for the Case Presentation. The third paragraph is giving a part of a protocol to manage airway complications in LABD, which is a relevant message. The last paragraph is only repeating the Abstract’s conclusion. A good examination before surgery to avoid complications and the importance of a multidisciplinary approach are relevant messages of this case report, so they need to be included in this section. References are very short (especially concerning the treatment, as presently Dapsone has gone more to the second line). One of the pictures shows the firm name STORZ. That is not relevant to the case, the picture should be edited to show only the airway. In short, the case is interesting and might help anaesthesists not experienced in ENT or dental anaesthesia. The text needs to be “cleaned up” to increase readability. The Conclusion must be completely rewritten as it does not really support the messages of the case report.
## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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SPECIFIC COMMENTS TO AUTHORS
The points of criticism of the peer review have been acknowledged and revised. Rare diseases and its symptoms are always difficult to assess and often require a multidisciplinary approach, which cannot be provided in an outpatient setting. Are there any recommendations by the anesthesiological societies regarding rare diseases or the management of unexpected airway complications? If so, it might be worth to relate to these recommendations. We would recommend the revised manuscript to be published.