Author's response to reviews

Title: Sutureless prepucoplasty with wound healing by second intention: An alternative surgical approach in children's phimosis treatment

Authors:

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Version: 2 Date: 27 November 2007

Author's response to reviews: see over
Dear Editor,

Permit me to thank you for the careful and thorough review of my manuscript entitled "Sutureless prepuceplasty with wound healing by second intention: An alternative surgical approach in children's phimosis treatment". Having read carefully the suggestions made by the reviewers, I performed all necessary changes which are included in the point-to-point answer following. The languages changes are obvious all over the text.

Reviewer: Nicola Zampieri

Major compulsory revisions:
1. The term "second invention" has been replaced by the correct "second intention" in both the title and text. I apologize for the mistake.
2. The numbers which are referred to patients have been corrected. The number of the patients is 87.

   Page 3. Materials and Methods. During 2003 and 2005, eightyseven boys (87) with tight phimotic rings, most of whom were resistant to conservative treatment with locally administered steroids for 20 days, were treated by the same surgeon with sutureless prepuceplasty (SLP). The age of the patients ranged from 2 to 14 years (mean age being 3.7 years). The problem was the difficult or the impossible retractile foreskin in 27 and 52 cases respectively. Three operated patients suffered from paraphimoses, while five patients that were treated with the present technique presented recurrent phimosis after partial circumcision (three) and classic sutured prepuceplasty (two).
3. The paragraph "the final postoperative aesthetic and functional result ..." has been omitted according to your suggestion.
4. The postoperative foreskin retraction has started at 1st post-operative day. This is referred in the revised text at page 4, paragraph 2.

   All operations were sutureless, with wound healing by second intention. In some cases the procedure performed on an outpatient basis under local anesthesia, although in most of the cases the operation performed as one day clinic, under general anesthesia. Postoperative foreskin retraction started at the 1st postoperative day and continued twice a day for 20 days for all patients.
5. The site of the local anaesthesia is described at the revised text as suggested (page 4, line 21)

   An adrenaline-xylocaine 2% solution (5cc) is injected to the site of the expected dissection to ensure perioperative haemostasis and postoperative analgesia.
6. Brand names have been replaced by substances.
7. Concerning foreskin dilatations, the necessary post-op period covers the first 20 postoperative days. A relevant correction has been incorporated in the revised text according to your suggestions (page 4, line 7).
8. Concerning safety, additional information is given at page 5, last paragraph which document the writer's opinion.
9. As far as haemostasis is concerned, the phrase "Haemostasis is performed with a heated probe using the flame of an alcohol lamp or with bipolar electrodiathermy" has been added in the revised text (page 4, line 31).
10. Cost is considered to be lower as sutures are not necessary and the hospitalization period is much shorter. These are explained in page... line... in the "Discussion" section.
Page 6, line 23. The cost is very low due to the fact that in most of the cases the operation can be performed in the doctors office or in a rural medicine office.

11. The conclusion has been clarified according to your suggestions.
12. Legends have been corrected and the figures were replaced in order to define the method and the final aesthetic and functional result.

Reviewer: Rauchenwald

1. Pictures have been replaced so as to be informative and persuasive.
2. Quotes from parents are referred in the text (page 7, line 9), according to your suggestion.
3. Concerning conservative treatment, an analytical statement has been added in the text which clarifies this issue.
4. The phrase "tree partial sutured circumcisions" has been replaced by "........................". I apologize for the mistake and I thank you for your noticing this.

  Three operated patients suffered from paraphimoses, while five patients that were treated with the present technique presented recurrent phimosis after partial circumcision (three) and classic sutured prepucceplasty (two).

5. The term "second invention" has been replaced by the correct "second intention" in both the title and text. I apologize for the mistake.
6. The foreskin retraction starts at 1st postoperatively. This is commented at page 4, paragraph 2.
7. The phrase "automatic disruption... alike healing" has been replaced.
8. Concerning cicatrizing creams, all ingredients are referred in the revised text.
9. The phrase "which is constricted by a scalpel" has been replaced.
10. The phrase "the caudal longitudinal... will disappear" has been replaced, by "... dorsal...".
11. Figures have been revised, too, so as to be informative and persuasive.
12. Concerning surgical changes, please refer to the revised text at page 4 and 5, where the procedure of foreskin retraction is explained.
13. "1.2 to 3mm" has been replaced by the correct "3 to 12mm".
14. Concerning the incision after local anaesthesia, the phrase was changed.
15. "Prepunoplasity" has been changed by the correct "prepuceplasty".
16. The application of creams is clarified at page 5 second paragraph at the revised text.
17. Concerning the statement that an open would have worse cosmetic results, some relevant discussion has been added at page 5 line 17 and page 7 line 9-10.

Closing, I am looking forward for your positive answer and I remain,

Yours Sincerely,

Efstratios Christianakis