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OPEN PEER REVIEW

Compare Indications and Findings of Fiberoptic Bronchoscopy in Children Before and During the COVID-19 Outbreak

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1 Original submission

2 comments · 3 Sep 2022 – 21 Jan 2023

Babak Amra Reviewer

REJECT 3 Sep 2022

Dear Authors
It is interesting to compare a medical procedure before and during COVID-19.
In spite of the manuscript's good title, your conclusion makes sense.
Nothing is added to our previous knowledge.

Referee 1 Reviewer

MINOR REVISION 21 Jan 2023

Dear chief editor of this valuable journal,
I'm so grateful for the invitation to review. The article is within the scope of the journal, and the title reflects the content appropriately. There is a structured abstract. The objectives are clarified.
Participants were described clearly. The study design was described. The conclusion is justified.
And finally, the references are acceptable.
I think this article is acceptable for publication, and it's essential that the exclusion criteria be explained.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Hello dear reviewers

Thanks for your valuable comments. Your desired corrections have been made

1. **Nothing added to our previous knowledge.**
   Covid-19 is a new disease and a new experience for the global community. Therefore, addressing the different dimensions of this disease requires extensive research. The impact of this disease on various dimensions of other diseases and medical procedures can increase our knowledge for other similar cases in the future

2. Authors categorized patients into 2 groups based on the date of bronchoscopy. The authors should define it in the method section.

the pre and post Covid pandemic intervals are determined as before and after February 2020 in this study, and Patients were divided into two groups based on undergoing bronchoscopy during each of these time intervals. Patients were randomly enrolled in both groups, and diagnostic and therapeutic Indications for bronchoscopy was the same for 2 groups. Patients with suspected COVID-19 disease did not undergo bronchoscopy for purposes of establishing a diagnosis of COVID-19. prevalence of each indication for bronchoscopy was compared in both group.

3. Exclusion criteria should be mentioned.

Exclusion criteria were coagulopathy, hemodynamic instability, and severe hypoxemia (Pa(O2) < 55 mm Hg or Sp(O2) < 90% on room air)

Absolute contraindications for bronchoscopy are absent informed consent, severe refractory hypoxia with inability to maintain adequate oxygenation during the procedure, or malfunctioning equipment. The common complications of flexible bronchoscopy are hypoxemia, tachycardia, bronchospasm, or bleeding

4. In the method section, the method of the Fiberoptic Bronchoscopy procedure is not necessary, and it could be removed

Done.

5. Some variables should be defined in the method section and followed in the results, including Short-term follow-up, complications, and emergent bronchoscopy.

   The common complications of flexible bronchoscopy are hypoxemia, tachycardia, bronchospasm, or bleeding. Since the information extracted from the registry system of the

bronchoscopy room, the short-term follow-up of the patients is available until they regain consciousness, but the long-term follow-up information of the patients was not available.

Minor and transient complications such as transient hypoxia, transient tachycardia or bradycardia were ignored. There were no deaths or severe complications (such as pneumothorax and massive bleeding or respiratory failure) in any of the two groups. There was no hypoxia that led to the complete termination of the procedure. But in the first group, 6 cases required a short-term pause of the procedure to improve hypoxia, and in the second group, there were 5 cases. This difference between the two groups was not significant

6. COVID-19 positivity and a history of COVID infection should be reported in group 2.

3 patients from among the patients who underwent bronchoscopy during the period of covid-19 had a positive test for covid-19. All three patients were subjected to bronchoscopy with the suspicion of the presence of a foreign body, and foreign bodies were seen in all three cases.

7. The results of the figures were repeated in the tables and text. Figures should be removed.

   Done.

8. In table 2, please mention the most common causes of bronchoscopy and percent for each data. Other reasons could be mentioned in the text, briefly

Table 2: Comparison of the Indications for Performing FFB in two groups			
Indication for Bronchoscopy	Group 1	Group 2	p.value

Persistent stridor	73(25.1%)	62(26.7%)	0.862
Suspicion of Foreign Body	84(28.9%)	47(19.5%)	0.013
Chronic cough	31(10.6%)	10(4.1%)	0.005
Persistent pneumonia & obtaining BAL	30(10.3%)	18(7.5%)	0.256
Radiologic Abnormality including: Persistent atelectasis / consolidation / localized pulmonary hyperlucency	33(11.3%)	38(15.8%)	0.134

9. Please mention the percent for all data, in table 3.

Table 3: Comparison of the finding of Performing FFB in two groups			
Findings	Group 1	Group 2	p. value
Foreign body	24(8.2%)	50(20.7%)	0.055

Laryngomalacia	20(6.9%)	40(16.6%)	.000
Tracheobroncho Malacia	20(6.9%)	19(7.9%)	0.655
stenosis	18(6.2%)	23(9.5%)	0.148
TEF	2(0.6%)	3(1.2%)	0.507
Hemangioma	8(2.7%)	4(1.6%)	0.401
Vocal cord paralysis	3(1%)	1(0.4%)	0.414
Papillomatosis	-	2(0.8%)	0.120
Laryngeal Cyst	6(2%)	5(2%)	0.991
No abnormality	64(22%)	31(12.9%)	0.006
Tracheobronchial secretion/ BAL	79(27.2%)	58(24%)	0.421
Others /lack of data	28(9.6%)	5(2%)	0.000

2 Revision 1

0 comments

No public comments in this round.