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# Preoperative Dexamethasone and β2 Agonist Administration to Children with Airway Foreign Bodies: Effects on Intraoperative Respiratory Complications

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**About this report**

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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## 1 Original submission

1 comment · 6 Feb 2023

### Referee 1 Reviewer

MINOR REVISION 6 Feb 2023

To begin, I would like to thank you for the work you have done. Your choice of topic is important, because of the high incidence of foreign objects in children.
You have clearly described the role of Dexamethasone and B2 stimulants (but not that of Ranitidine?) in preventing complications during the removal of foreign objects from the airways. I believe it would be beneficial if there were more information in the discussion and references concerning the use of medicaments in the prevention of complications during the aspiration of foreign objects from the airways.
Furthermore, I have a question for you. In the table, I see that the lowest level of SaO2 is 3. Was it 3 or 30?
I would also like to know how long the desaturation lasted in each group. Also, what values did bradycardia reach?
Despite there not being any statistically significant differences, you recommend use 30 minutes before, because you have noticed a clinical difference when taken during induction. My question is, why did you decide on 30 minutes instead of 5 or 10 minutes, considering the fact that these medicaments' effect reaches its plasmatic peak in 5 minutes?

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# 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.

*Dear Editor*

*Thank you for your comments on the paper.*

*Below you may find the authors' responses to reviewers.*

*The changes in the text were highlighted in yellow colour.*

*Kind Regards*

*Reviewer 1:*

Thank you for your comments on the paper.

Below you may find the authors' responses.

The changes in the text were highlighted in yellow colour.

*1) Please name the specific beta-2 agonist drug/drugs used in this study.*

A specific beta 2 agonist drug (salbutamol) was named in the manuscript.

*2) What was the hypothesis for the study? Why do you use the Mann-Whitney U test for statistical analysis? The distribution of the data was normal or non-normal?*

In this study, we planned to predict that complications and bronchospasm would be less in patients who used salbutamol 30 minutes before surgery. Shapiro-Wilk test was used to test the hypothesis of normality. The groups did not suitable for the normal distribution. The Mann-Whitney U test was used for the statistical analysis between the groups of two independent, non-parametric numeral data.

*3) In the results section: " Mean age of group 1 and 2 were 18.2 (8-48) and 18.4 months (3-81) respectively." If the numbers in parenthesis represent the age range, all the patients were not in the pediatric age group.*

The sentence was changed as ‘’Mean age of groups 1 and 2 were 18.2 months (8-48 months) and 18.4 months (3-81 months) respectively’’.

*4) In the discussion, you should mention the studies that used the same drugs used in the current research and compare the results of the previous studies with yours.*

We mentioned the studies which were conducted using salbutamol in the discussion section.

• *The manuscript needs revision for language and grammar.*

Word and grammatical errors in the article have been corrected.

*Reviewer 2:*

Thank you for your comments on the paper.

Below you may find the authors’ responses.

The changes in the text were highlighted in yellow colour.

*1) To begin, I would like to thank you for the work you have done. Your choice of topic is important, because of the high incidence of foreign objects in children.*
*You have clearly described the role of Dexamethasone and B2 stimulants (but not that of Ranitidine?) in preventing complications during the removal of foreign objects from the respiratory ways. I believe it would be beneficial if there was more information in the discussions and references concerning the use of medicaments in the prevention of complications during the aspiration of foreign objects from the respiratory ways.*

We mentioned using salbutamol with current research in the discussion section.

*2) Furthermore, I have a question for you . In the table, I see that the lowest level of SaO2 is 3. Was it 3 or 30?*

The lowest level of SaO2 was 3.

*3) I would also like to know how long the desaturation took for each group respectively. Also, what values did bradycardia reach?*

Desaturation duration and bradycardia reach point were not checked when the study was completed. We planned this study with more patients and we will present these data in the next study. Thank you for the suggestion.

*4) Despite there not being any statistically significant differences, you recommend usage 30 minutes before, because you have noticed a clinical difference when taken during the induction. My question is, why did you decide on 30 minutes instead of 5 or 10 minutes, considering the fact that these medicaments' effect reaches its plasmatic peak in 5 minutes?*

We mentioned why we are using salbutamol prior to 30 minutes of surgery with current research in the discussion section.

## 2 Revision 1

0 comments

*No public comments in this round.*