# **Review report**

## BSMMUJ-17.4 - 75630

Pectus excavatum corrected by locally adapted Nuss procedure: A case report Saha H et al. (heemelsaha@bsmmu.edu.bd)

REVIEW COMMENTS		AUTHOR RESPONSE
Dat	te of submission: <b>23-Aug-24</b>	i
A.	Mechanical review	
Dat	te sent to author: <b>24-Aug-24</b>	Date: <b>26-Aug-24</b>
a.	In the BanglaJoL submission platform	
1.	Provide name, affiliation and email of all authors and	Updated accordingly.
	ORCID of at least the corresponding author.	
2.	Provide keywords within the limit. <sup>1</sup>	Keyword limits in no 3; (page 2, line 31).
b.	In the Manuscript	i
Titl	e page (page 1)	
3.	Provide name, affiliation (Department, institute, city,	Provided on page 1.
	country), email of all authors, ORCID (at least for the	
	corresponding author) and identify the corresponding	
	author.	
4.	Mention the number of figures.	Mentioned on page 1 (line 30).
Lea	arning points page (page 3)	<u>i</u>
5.	Provide learning points in bullet points. <sup>2</sup>	Provided in separate page 2.
Ма	in body (page 4 onwards)	<u> </u>
6.	Prepare an introduction including objective without a	The introduction chapter has been revised, and the objective
	heading.	has been incorporated into the introduction.
Rei	ferences	·
7.	Provide DOI (PMID if DOI is not available) for the journal	References list updated with DOI/PMID/URL
	and URL for the website.	
		<u>.</u>
В.	Technical review	
	ROU	ND 1
Rev	riewer's name: <b>S M Rashed Ul Islam</b>	
OR	CID: <b>0000-0002-8164-5905</b>	
Dat	te assigned: <b>28-Sep-24</b>	
Dat	te submitted: <b>7-Oct-24</b>	
Do	you have any conflict of interest with the author/s? <b>No</b>	
Do	you wish to be disclosed to the author? <b>Yes</b>	
Coi	mments sent to author (Date: 18-Oct-24)	Date: <b>25-Oct-24</b>
2. l:	s the title appropriate? = <b>No</b>	We disagree with the reviewer's comment. The references
2a.	The title needs to be revised as the experience of	(Zaman et al. 2018) mentioned that the early experience in our
per	forming the Nuss technique in PE patients. The author	country is not Nuss Procedure. The authors (Zaman et al.
me	ntioned that it is the first case in Bangladesh, while another	2018) in their article did not strongly claim that their procedure
arti	cle on this particular technique has already been published	was Nuss procedure (Ref: page 36, 4th paragraph; page 37,
ear	lier. Please see the link: Zaman T, Sabur S, Ali S, Rahman	4th paragraph of Description of case report and page 39, 1st
MS	, Bhuiyan M, Begum M. Combined correction of atrial	paragraph of Discussion section).
sep	otal defect, severe pectus excavatum and hydrocele in a	

 $<sup>^{\</sup>rm 1}\,{\rm Maximum}\,{\rm 5}\,{\rm for}\,{\rm research}$  article, 6 for review article, 4 for brief article, 3 for case report

<sup>&</sup>lt;sup>2</sup> 3 to 5 for the research and brief article, 2 to 3 for the research letter, perspective, commentary, data, and letter to editor, 2 to 3 learning points for the case report, and 6 for review article.

#### **REVIEW COMMENTS**

young adult male. Comm. Based Med J [Internet]. 2018 Feb. 12 [cited 2024 Oct. 7];7(1):35-9. Available from: https://banglajol.info/index.php/CBMJ/article/view/54803.

#### **AUTHOR RESPONSE**

Classical Nuss Procedure is a minimally invasive procedure. Nuss used the term 'mini-invasive' to indicate that cartilages were not removed and that using a lateral incision, the surgical approach avoided any anterior scar. According to the article (Zaman et al. 2018), the procedure can be called the 'Modified Ravitch Procedure'.

Here we refer to a textbook of Thoracic Surgery: 'Operative Thoracic Surgery, 6th edition' published by the Taylor and Francis Group and edited by Larry R Kaiser, Sarah K. Thompson, and Glyn G. Jamieson (Page-17-21):

Mini-invasive repair of pectus excavatum (mirpe): This technique was described by Nuss in 1998, and since then, it has rapidly become the gold standard operation for patients with severe pectus excavatum. In the three centres most experienced with this technique (Children's Hospital of The King's Daughters, Norfolk, VA, United States; Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, South Korea; and Institute for Klinisk Medicin- Hjerte-, Lunge- og Karkirurgi, Aarhus, Denmark), more than 4000 procedures with different variations have been performed in the last 15 years.

### MIRPE technique:

- 1. The patient is placed on the operating table, and the most depressed area of the sternal plate and the preferred entrance and exit points on the chest ridge are identified
- 2. On both sides, a 5mm trocar is inserted in the posterior axillary line, and carbon dioxide (CO2) is inflated at a pressure of 4 to 6 mmHg. Through these accesses, a 30-degree thoracoscope is shifted from one side to the other to verify the deepest point of the sternal depression to be able to choose the preferred entrance and exit points and visually guide the procedure.
- 3. Once the placement locations are defined and the bar is bent to the desired shape, 3 to 4-cm curved skin incisions are made bilaterally at the midaxillary line (in the female, an inframammary incision is preferred), and a subcutaneous tunnel is created up to the entrance points on the chest ridges. If the incision is at the level of the pectoralis muscles, a submuscular tunnel is created up to a convenient intercostal space.
- 4. A metal introducer is pushed through the entrance intercostal point on the right chest ridge to dissect intrapleurally a plane that separates the sternum from the pericardium, thus creating a tunnel through the anterior mediastinum. The introducer tip is then pushed out in the chosen left selected intercostal space.
- 5. A plastic tube is tightly attached from one side to the tip and from the other to the customised bar, and the introducer is pulled backwards, allowing the bar to pass through the

mediastinal tunnel from left to right. The bars is inserted with the concave side up and then rotated 180 degrees around its axis, thus pushing the starmuru up. Stainless stoal stabilisers are routinely inserted on both ends of the bars and pushed as close as possible to the bar's entrance in the chest. Stabilisers are eventually fixed to intercostat muscles by interrupted polyglactin sutures. An additional bar is introduced at the surgeon's judgment, considering the defect's length and the chest wall's rigidity. In cases where a second bar is required, a single stabiliser is placed for each bar, one for each side.  In a nutshell, The Classical Nuss Procedure is a minimally invasive procedure in which stainless steel bar is used to correct the pectus with the help of a thoracoscope, which we performed in our case.  No. A. The author did not mention why this particular patient required this Nuss procedure as the first experience of their surgical team.  No. Sa. It is unclear whether this case report was prepared due to the first experience or the challenging technique performed by the surgical team.  9. Are the table(s) and figure(s) clear and appropriate to address the objective(s) or research question(s)? = No. 3a. The figure should be re-arranged and clear. Please see the reviewer report.  10. Is the discussion section critical and comprehensive about the main message of the manuscript? = No. 10a. The discussion section should be restructured. See the comments.  12. Are the reference needs to be from the recent past. Some references are not matched, Ex Ref 8, line 126, page 5.  13. Are statements of the manuscript supported by appropriate reference(s)? = No. 13a. Cristations of recent articles need to be incorporated. It has been rewritten accordingly.  14. It has toryching straighthorward, clear (i.e., does not impede scientific meaning or cause confusion), and logical? = No. 14a. It needs to be rewritten.  15. It has test statements of the manuscript supported by appropriate reference(s)? = No. 15a. Extensi	REVIEW COMMENTS	AUTHOR RESPONSE
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REVIEW COMMENTS	AUTHOR RESPONSE
Reviewer's name: Harasit Paul	
ORCID: 0000-0001-6435-5546	
Date assigned: 16-Oct-24	
Date submitted: 19-Oct-24	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? <b>Yes</b>	
1. In lines 71-72, part of reference 4 "Although no specific	The lines 71-71 have been revised.
genetic marker exists" comment seems to be irrelevant/not	
pertinent to the write-up.	
2. If possible, a few more words could be added on the	The advantages of the procedure have been revised
advantages of the procedure.	accordingly.
3. Except for two all of the references are a bit older, if possible,	References have been updated.
a few newer references could be added.	·
Reviewer's recommendation: Revisions Required	
·	
Reviewer's name: Mohammad Zahirul Islam	
ORCID: 0000-0001-8572-278X	
Date assigned: 16-Oct-24	
Date submitted: 17-Oct-24	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? <b>Yes</b>	
A well-written case report about Nuss procedure for Pectus	There is no specific genetic marker, unlike other congenital
Excavatum. The author introduced the topic well; however,	deformities (for example, NKX2-5, GATA4, TBX5, and
the justification (genetic marker, line 72) doesn't match with	NOTCH1 mutations are linked with various congenital heart
the aim (minimally invasive repair) of the study.	anomalies:), pectus deformity is observed in 35% of cases
The same (than mostly and some state).	where it runs in families.
2. It would be good for a reader if there is a sub-heading such	Journal policy does not comply with such headings.
as "operational procedure".	
Reviewer's recommendation: Revisions Required	
Reviewer's name: Mohammad Saief Uddin	
ORCID: 0009-0007-0023-6725	
Date assigned: 16-Oct-24	
Date submitted: 17-Oct-24	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? Yes	
1. The topic is well written but still needs some revision. As	In the revised Manuscript, it is mentioned in lines 102-104.
this technique involves per-operative and post-operative	
stretching of ribs and sternum, post-operative pain	
management should be clearer, particularly in this case.	
2. In line 75 - not required to mention the SCARE Criteria.	Manuscript revised accordingly.
3. In line 132 - I do not understand the sentence " The	This sentence is paraphrased, now in lines 127-129.
successful execution of the Nuss procedure in Bangladesh in	
2021 underscores the country's advance in medical	
capabilities."	
4. In line 134 - All major surgical procedure needs	We do agree that all major procedures require
anaesthesiologists and nursing staff so no need to mention	multidisciplinary collaboration. It is worth noting their
multidisciplinary collaboration.	contribution.
Reviewer's recommendation: Revisions Required	

REVIEW COMMENTS	AUTHOR RESPONSE
Editor's comments	
Editor's name: <b>M Mostafa Zaman</b>	
ORCID: 0000-0002-1736-1342	
1. The title provides excessive importance on the procedure's	The title was changed as: A Case Report and Review of the
novelty. Please drop it. Claim this in the Discussion if it is at all	Nuss Procedure in Bangladesh
true.	
2. The surgery was done in Al-Helal Helal Mirpur Hospital,	Three of the five authors are from BSMMU, while the other two
whereas the affiliation of all authors is BSMMU. Therefore, the	are from two different institutions, but they all work at Al-Helal
potential of conflict of interest cannot be overruled. I suggest	Specialised Hospital.
acknowledging them if none qualifies to be in the author list.	
Editor's decision: Revisions Required	
	ND 2
Reviewer's name: S M Rashed Ul Islam	
ORCID: 0000-0002-8164-5905	
Date assigned: 26-Oct-24	
Date submitted: 5-Nov-24	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? <b>Yes</b>	
Comments sent to author (Date: 10-Nov-24)	Date: 11-Nov-24
1. Page 3, Line 56: Please put citations and re-arrange the	Line 56 now appeared in line 59:
reference serial. Probably, it has been missed.	'Pectus excavatum (PE), sometimes referred to as sunken or
	funnel chest, is a congenital deformity of the chest wall when many ribs and the sternum develop improperly, resulting in a
	concave or caved-in look of the front part of the chest wall and
	sternum.'
	The above statement is a general description of PE and has
	not been referenced.
2. On page 5 and Line 110, the sentence "Kelly et al. (2018)	We apologise for the unintentional error. A revision was made
noted that these complications are generally manageable but	to the citation.
sometimes require additional surgical interventions.9" But in	
the reference section, Ref no. 9 is "Nuss D, Kelly RE Jr.	
Indications and technique of Nuss procedure for pectus	
excavatum. Thorac Surg Clin. 2010;20(4):583-597." Please	
check the citation for any errors in the author's name or the	
year of publication.	
3. On page 7, mention the legends in Figure 1.	Legend has been added to the figure.
Reviewer's recommendation: Revisions Required	
Reviewer's name: <b>Harasit Paul</b>	
ORCID: <b>0000-0001-6435-5546</b>	
Date assigned: <b>26-Oct-24</b>	
Date assigned: 26-Oct-24  Date submitted: 29-Oct-24	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? <b>Yes</b> 1. Title Could be:	The title has been shonged to "A Case Panert and Deview of
Title Could be:     Pectus excavatum corrected by locally adapted Nuss	The title has been changed to "A Case Report and Review of the Nucs Procedure in Bangladesh". We thought the new title
	the Nuss Procedure in Bangladesh". We thought the new title would give insight into our work.
procedure: A case report	would give maight into our work.

REVIEW COMMENTS	AUTHOR RESPONSE
Or	
<ol> <li>Locally adapted Nuss procedure for Pectus excavatum: A case report.</li> </ol>	
2. Line 56: The word 'report' could be omitted.	This line includes the 'report' mentioned here, which is part of the journal submission criteria.
3. Line 70: 'The discussion also included bar displacement and re-operative surgery.' Could be omitted.	This line has been omitted.
Reviewer's recommendation: Accept Submission	

C. Editorial decision	Date: <b>11-Nov-24</b>
Final decision: <b>Accepted</b> subject to editorial clarifications.	