Peer Review File

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Reviewer Comments

Comment 1: The authors wrote the following "tracheal stenosis is a complication commonly arising from prolonged endotracheal intubation". Can they give the frequency of tracheal stenosis following endotracheal intubation?
Reply 1: The text has been updated as advised.
Changes in the text: See Page 3, line 67.

Comment 2: The literature review included only articles published between 1995 and 2018. Some recent articles are missing. For example, the following reported a series of patients who had elective extra corporeal membrane oxygenation for high-risk rigid bronchoscopy: Martinod et al. Elective extra corporeal membrane oxygenation for high-risk rigid bronchoscopy. Thorax 2020 Nov;75(11):994-997. The authors should cite this recent article that includes a recent literature review on this subject.
Reply 2: We appreciate the suggested article. We have cited the suggested article along with recent articles from 2021.
Changes in the text: See Page 3, line 80, 82-83

Comment 3: What type of stent was placed after decannulation?
Reply 3: Bonastent bronchial metal covered stent 14 x 60mm
Changes in the text: See Page 5, line 112

Comment 4: What was the delay between decannulation and stent placement and between stent placement and replacement under VV-ECMO?
Reply 4: No delays – patient was empirically cannulated and placed on VV-ECMO in the operating room, followed by rigid bronchoscopy with fractured old stent removal and replacement with new metal stent, and subsequently weaned off VV-ECMO, decannulated and extubated in OR.
Changes in the text: No changes to the text were made. If the editors feel that additional clarification is required in the text, we would be happy to revise.

Comment 5: How long is the follow-up after the last procedure?
Reply 5: Since initial procedure, she has had surveillance bronchoscopy with stent check – replacement every 2 months (initial stent 8/2020; follow up bronchoscopy 10/2020 and 12/2020).
Changes in the text: See Page 5, line 117

Comment 6: Could the authors explain why they used a bifemoral rather than a femorojugular access for the VV-ECMO?
Reply 6: She had a history of internal jugular thromboembolism.
Changes in the text: See Page 4, line 104

Comment 7: Why did they use a manual jet instead of a conventional ventilation during the procedure?
Reply 7: We used manual jet ventilation instead of conventional ventilation during rigid bronchoscopy in order to facilitate instrumentation.
Changes in the text: See Page 4, line 107

Comment 8: Why didn't they place a silicone instead of a covered metallic stent after such a complication?
Reply 8: Fractured stent was placed at outside hospital without follow-up surveillance bronchoscopy, which resulted in complications of stent fracture and airway epithelialization of the stent. A metal stent rather than silicone stent was placed given proximity to the vocal cord with increased risk of stent migration associated with silicone stents. We performed frequent follow up surveillance bronchoscopies since the initial procedure.
Changes in the text: Additional clarification was added to the text. See Page 5, line 113-115.

Comment 9: As we said above, recent references on the subject are missing.
Reply 9: We appreciate the feedback, and recent references including the suggested paper above have been cited.
Changes in the text: See Page 3, line 80, 82-83