Editorial Comment:

The submitted manuscript is interesting but study was conducted on a very low number of patients (n = 5) and looks like short series report. The reason for the prolonged intubation is unknown. According histological terminology, so-called granulation tissue does not exist. All limitations and clinical implications should be presented in details in the end of discussion. The list of references does not follow the BJMMR principles.

Author Feedback:

The patient number involved in this study does not depend on us. Regarding the small total population of Latvia (approximately 2 millions; http://www.csb.gov.lv/en/notikumi/number-population-decreasing-mark-has-dropped-below-2-million-39639.html) and the dispersion of patients in between the largest clinics in our country (at least 5, smaller – up to 20), also the average incidence of accurately diagnosed post-intubation tracheal stenosis (in total estimating 4.9 cases per million per year [Nouraei et al., 2007]), this pathology is set to be among the medium rare diseases in Latvia regarding the possible total number of patients diagnosed with this pathology (if counting, there could be 10, maximum 20 cases per year in the whole country). We completely understand the patient number is very low, however, the morphological findings were uniform regardless the patient number. If necessary, thereby all the authors agree to change the article format from Original article to Short series report.

The reason for the prolonged intubation was indicated in the revised manuscript, Second edition, Lines 147 to 156.

We agree that «granulation tissue» is not actually a histological term. However, it is widely used in pathological terminology. The term «granulation tissue» firstly was used by Virchow (1821–1902) in broader spectrum than nowadays, but it is more known to describe fibrocapillary proliferative changes [Hirsh and Johnson, 1984]. Granulation tissue formation is one of the most important characteristics of wound healing described as new connective tissue in which new vessels are present [Hirshoren and Eliashar, 2009]. In most of the references that we used to prepare our manuscript introduction and discussion sections, the term «granulation tissue» was used to describe the previous discussed pathological changes. Therefore we used this term to describe the histopathological changes of newly and well-formed connective tissue with prominent fibers, fibroblasts, newly formed small diameter capillaries in our study material taken by bronchoscope from trachea in patients with post-intubation tracheal stenosis.

The possible limitations and clinical implications are presented at the end of discussion in the revised manuscript as well. We placed Lines 290 to 296 (already containing partial information about the limitations) at the end of discussion. Also we added Lines 418 to 424 regarding the possible clinical implications of this study.

The list of references was corrected due to the BJMMR principles.