

Article details: 2017-0105	
Title	Burns from illegal cannabis oil manufacturing: a case series
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Author response to reviewers' comments	We have addressed all revisions suggested by reviewers and feel that these additions have substantially improved the manuscript.
Reviewer 1	NA
Reviewer 2	Dr. Edward Tredget
Institution	University of Alberta, Division of Plastic and Reconstructive Surgery, Department of Surgery
General comments	<p>This manuscript is a review of 12 cases of hash oil burns treated at the Calgary Foothills burn centre comparing their results to the general burn population in their centre over a two-year period, as well as to the National Burn Repository Data of burn patients and other publications of similar injuries.</p> <p>The authors propose that legalization of marijuana may lead to increased numbers of these injuries similar to other states in the US where marijuana is legalized.</p> <p>Overall, the manuscript raises important issues regarding the incidence and epidemiology of these types of burn injuries as marijuana is about to become legalized in Canada.</p> <p>Specific comments:</p> <ol style="list-style-type: none"> 1. Overall, the number of cases is quite small, only 12 and more importantly the suggestion that these types of injuries is becoming more commonplace is not supported by any data examining the incidence of these injuries earlier than the two year period reviewed. 2. Although the comparison is made to all burns in their unit during the same time period, once the burn size is established as larger than average, length of stay, number and frequencies of surgical procedures are increased as a consequence of larger burns. As compared to methamphetamine burn injuries when the severity of injury is controlled for, these types of injuries have a poorer outcome related to the impaired response to injury associated with the habitual use of the drug. Do the authors have any evidence for this with hash oil injuries? 3. The authors should discuss the cause of death in their single mortality, why a patient with only 70% should require decompressive laparotomy and lead to an 8% mortality rate which is higher than most burn units, including those reporting hash oil injuries in the tables. 4. Fasciotomy not fashiotomy as spelled in the table. 5. The tables may be enhanced by including the %TBSA of deep or full thickness burn injury which is most important in terms of survival, surgical requirements and burden of necrotic tissue. 6. Similarly, age of the patients is important data to address survival and demographics which would be worthy of consideration in the tables. 7. Reference 7 and 12 appear incomplete and is the author? Canada. 8. On page 7 in the literature review, the data is cited with varying n = starting first with 118, then 190 patients then 159 then 151. This requires clarification. 9. The authors suggest that NBR data is American but a number of Canadian burn centers contribute to this data as well. 10. Finally, the suggestion that legalization of marijuana will increase the number of hash oil burns is not necessarily true, in that the largest series of hash oil cases comes from a burn centre in California where the frequency of the injury has increased dramatically but where nonmedical use of marijuana was not legalized during their experience just as in the Calgary report, suggesting that illegal activity was still the major source of injury. Thus, the suggestion that legalization will increase the number of cases is not proven and remains speculative.
Reviewer: 3	NA