

Table 1. Major errors in case report of Freeman-Burian syndrome published in June 2021 and rationale.

Authors' Error	Rationale
Reference list	<ul style="list-style-type: none"> Lack of recent references, including: articles on the genetic cause, clinical diagnosis, a meta-analysis, anesthesia recommendations, etc.
"reported prevalence than 1 per 1 million"	<ul style="list-style-type: none"> Based on one flawed study and no longer accepted. Poor writing.
"multiple joint contractures, characteristic facial features, such as microtia, defects of the hands and feet, such as clubfoot, and skeletal malformations"	<ul style="list-style-type: none"> Joint contractures and extremity deformities are non-specific findings. Only the four craniofacial findings of microstomia, pursed whistling lips, deep nasolabial folds, and H or V shaped chin defect are pathognomonic for FBS. FBS is a myopathy, not skeletal condition. Microtia is not seen in FBS.
Omission of the clinical diagnostic criteria	<ul style="list-style-type: none"> Not stating the diagnostic criteria confuses the reader unfamiliar with FBS.
"association with malignant hyperthermia [MH]," and FBS	<ul style="list-style-type: none"> MH is not associated with FBS.
"Reports on the general anesthetic management of FSS patients have been disorganized..."	<ul style="list-style-type: none"> Fails to mention meta-analysis or clinical practice recommendations
Omission of photographs or a description of how the patient met the diagnostic criteria	<ul style="list-style-type: none"> Stating the patient had FBS is insufficient, considering the false positive rate may be between 30-60%.
General anesthesia would cause, "worsening of respiratory insufficiency and postoperative pneumonia."	<ul style="list-style-type: none"> Good anesthesia care avoids both.
The authors considered four options: local anesthesia, local anesthesia with narcotic analgesia, local anesthesia with sedation, and general endotracheal anesthesia.	<ul style="list-style-type: none"> The two safe options are local anesthesia only and general endotracheal anesthesia. Sedation without a secure airway should not happen, as dysphagia, pulmonary complications (especially aspiration pneumonia), and difficult airway are all major problems in this patient population. While respiratory depression can be exacerbated with opiates, short-acting opiates have been safely used.
The authors considered three concerns involving general endotracheal anesthesia: difficult intubation, "respiratory failure", and risk of MH.	<ul style="list-style-type: none"> Difficult intubation is a major challenge in FBS but not a contraindication. "Respiratory failure" should never be a likely event with good care. Respiratory depression is a greater concern in FBS but can be prevented. MH is not associated with FBS.
"causes respiratory decline in adults"	<ul style="list-style-type: none"> No evidence of decline or (if present) of FBS as a primary cause.
"respiratory muscle fatigue"	<ul style="list-style-type: none"> Primary muscle fatigue is not part of FBS.
"There was no facial deformity or limitation of retroflexion in this case."	<ul style="list-style-type: none"> Craniofacial deformities are required for FBS diagnosis.
"Although NHF was not used in this case, it may have been useful..."	<ul style="list-style-type: none"> Anatomic infeasibility due to narrowed nasopharynx