
Peer Review File

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Reviewer A

Very interesting and rare case reported. The steps of the surgery were well described.
The labels in the pictures are too small.

REPLY AND CHANGES IN THE TEXT = NEW FIGURES 2 AND 3 WITH LARGER LABELS.

Reviewer B

1. The different types of pulmonary vessels mentioned in paragraph 74 to 77 of the discussion section should be moved to the introduction section in order to allow the reader easily understand from the beginning the surgical findings described in detail at Case Presentation section.
2. At line 51, the redundant (and not exact) word "divided" should be changed as:the proximal and distal stapled and divided ends of the artery were resected and a primary end to end.....
3. I agree with the asertion that vascular branches must be identified proximally at its origin and distally at the segment they supply. Nevertheless, note that the same concept is mentioned twice at the discussion in paragraph 63-64 and 88-89. One of them must be removed.

Changes to comments:

1. Lines 77 to 77 transferred to lines 30-37.
1. Amendments done at line 57 "divided" removed.
2. Repetition removed from lines 88-89.

Reviewer C

Comments to the authors:

In this case report the Authors describe the accidental division and subsequent reconstruction of an anomalous left lower lobe anterior segmental artery occurred while performing a VATS left upper lobectomy. This anatomical finding is infrequent, and a video of adequate quality is provided showing the reconstruction of the divided vessel.

The following points should however be addressed by the Authors:

- No follow-up is reported, and in particular no images showing the long-term patency of the anastomosis are provided.
- Preoperative assessment of the vascular anatomy is mandatory before VATS surgery. The Authors should further discuss this point describing up-to-date imaging techniques used to assess the anatomy before surgery.

Reply and amendments:

1. line 58 -56 Post-operative recovery was uneventful and repeat CT scan thorax 6 months post-surgery shows patent vascular anastomosis.
2. Lines 83-85. Such intraoperative complication can be avoided by detailed preoperative study for possible bronchovascular anatomical variations by simulated 3-dimensional multidetector contrast enhanced computer tomography (6,7).

Reviewer D

Thanks for allowing me to review this manuscript and video. I found the video very interesting and a not so uncommon anatomic problem that is important to recognize and visualize. There are a few minor errors in the text that need to be addressed. See below:

1. T1NoMO should be T1N0M0
2. A portion of the discussion is bolded that should not be
3. Some of the text appears in a different color text

Although the video was well done and informative, it could be edited to be a little shorter or run faster so that the total length is shorter.

CHANGES TO REVIEWER D;

1 LINE 91 AMENDED TO T1N0M0

2.ALL PARAGRAPHS UNBOLDED.

3.AMENDED.

Reviewer E

In this case report, the authors have shown their management of inadvertent section of A8 artery during VATS LUL.

The article is well presented and the video is interesting.

I have just a consideration: I really appreciate the video, but in my opinion, it would be better if it was orally commented. Thanks for sharing your experience.

Reviewer F

Thank you for sharing the case report. I would advise to rewrite the title shorter and clearer focusing on existence of the anomaly

In addition, I would like to know whether a pulmonary angiography was performed after surgery.

Reply:

1. Changed.

2. No pulmonary angio was done but repeat ct with iv contrast for cancer surveillance showed patent vessel.