

Peer Review File

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Reviewer A

I read this paper is very interesting for readers in the journal, and we can learn VATS for such a young patient with DNM. Basically, I agree with publication but I would like to ask you single question, below.

1. Please mention how to anesthetize the patient. Especially, I would like to know which kind of endotracheal tube was used.

In general, it is difficult for anesthesiologist to perform endotracheal intubation into such a small trachea by using double lumen tracheal tube. As you know, VATS always require differential lung ventilation due to maintain good surgical field of vision. So, you should mention it in this manuscript.

Reply: Thanks for your critical comment. We described anesthesia including the type of endotracheal tube (see Page 5, Line 84-86) according to your suggestions. As you mentioned, double lumen tubes cannot be used in children of less than eight to ten years of age (about 25 kg) since the smallest tubes require a 26-Fr airway (1). Our patient was only six years old. Therefore, we chose intrapleural carbon dioxide insufflation at low pressure of 2-4 mmHg to ensure collapse of the ipsilateral lung (see Page 5, Line 88-90) and maintain good surgical field of vision during VATS. Besides, selective intubation of the contralateral mainstem bronchus, which requires an experienced anesthesiologist, and bronchial blocker are also good choices for lung isolation since they provide contralateral ventilation. Unfortunately, neither of these techniques are available in our hospital up to now.

Changes in the text: We have modified our text as advised (see Page 5, Line 84-86 and Line 88-90).

References

1. Shaun M Kunisaki, James D Geiger. Thoracic surgery: general principles of access. In: Lewis Spitz, Arnold G Coran, editors. Operative Pediatric Surgery. 7th ed. New York: CRC Press; 2013. p. 136.

Reviewer B

This article presented a case of descending necrotizing mediastinitis (DNM) complicated with severe thoracic empyema in a 6-year-old girl who was successfully treated using minimally invasive video-assisted thoracoscopic surgery (VATS).

I agree that this report is very interesting and might be useful. However, authors should review some minor points:

1. In Introduction and Discussion, I suggest authors briefly cite the Ludwig's angina, which is an infection of the submandibular space, usually secondary to infection of the second or third lower molar. DNM is a rare and severe complication that may arise from Ludwig's angina. Besides, authors should include this reference: Albacete Neto A, Coltro PS, Horácio GS, Almeida IR, Farina Junior JA. Unilateral pectoralis major muscle flap for the treatment of sternal wounds due to Ludwig's angina. *Int Wound J*. 2018 Feb;15(1):174-177. doi: 10.1111/iwj.12844.

Reply: Thanks for your insightful suggestions. We described Ludwig's angina in Discussion (see Page 6, Line 115-117) and cited the critical reference you mentioned (see Page 6, Line 117).

Changes in the text: We have modified our text as advised (see Page 6, Line 115-117).

2. In case presentation, I suggest, if possible, authors include a table with the results of the laboratorial exams (with reference range) during the period of treatment. It is easier to view these results in a table rather than inside the main text.

Reply: Thank you for raising this critical issue. According to your suggestions, we added Table 1 including the results of the laboratorial exams (with reference range) during the period of treatment (see Page 4, Line 70).

Changes in the text: We have modified our text as advised (see Page 4, Line 70).