

Article information: <https://dx.doi.org/10.21037/med-23-36>

Reviewer A

Comment 1: in the step-by-step description of the hemiclamshell approach, the authors should provide details on the anatomical planes to be sectioned, as well as details on closure and drainage

We added the requested data:

“Serratus anterior muscle fibers are dissected while pectoralis major fibers are disinserted from the rib; latissimus dorsi muscle fibers are usually not involved...” and “We prefer absorbable stitches for the sternum rather than titanium ones, while two single standard stitches are enough for closing the thoracotomy. We recommend one or two chest drainages for draining the pleural cavity and one drainage for the retrosternal space.”

Comment 2; a little mistake in the figure 4 title: “phrenic nerve is isolated (yellow and double blue vessel slings)”; it should be blue and double yellow vessel slings

We corrected as suggested:

the phrenic nerve is isolated (blue and double yellow vessel slings).

Reviewer B

The use of subtotal Longitudinal sternotomy, instead of partial median sternotomy. It is implied commonly when we use Median Sternotomy, it refers to Longitudinal sternotomy. I understand the authors want to differentiate it from a transverse sternotomy that comes later in the description of the operative technique, but it comes across as overly unnecessary description.

We changed “subtotal Longitudinal sternotomy” into “partial median sternotomy” in each phrase.

Line 146: the Spanish word Traversal is used and I believe it was meant to mean Transverse

We changed “Trasversal” into “transverse” (lines 172 and 178)

Reviewer C

I would like to commend the authors for an excellent description of the hemiclamshell approach to mediastinal and pleural tumors. The manuscript is well written and the pictures are of good quality.

- 1. Can the authors briefly describe their experience with this approach? On how many patients have they used this approach and were there any major complications?**

We added these data in the revised version “In our personal experience, in the last 5 cases performed, we had one case of haemothorax.” (Lines 272-273)

- 2. Can the authors also describe the requirement for postoperative analgesics? Is it possible that these patients experience more pain than patients with just a thoracotomy approach?**

We focused on post op analgesia (lines 230 – 231) “...can be successfully controlled by a proper therapy which relies on I.V. analgesia rather than epidural/peridural approaches because of the extent of the incisions.”