

Peer Review File

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Reviewer A

1. Pleased describe the anesthesia method during surgery.
2. The successful result is worthy of congratulations, but I still wonder if it would have been safer if VATS guided was used in the process of removing the metallic bar. I think the authors could have done the non-intubated camera surgery that the authors claim. It seems that a little more persuasion of the surgical method is needed.

Comment 1: Pleased describe the anesthesia method during surgery.

Reply 1: We used general anesthesia in the operation.

Changes in the text: We have modified our text as advised (see Page 3, line 95).

Comment 2: The successful result is worthy of congratulations, but I still wonder if it would have been safer if VATS guided was used in the process of removing the metallic bar. I think the authors could have done the non-intubated camera surgery that the authors claim. It seems that a little more persuasion of the surgical method is needed.

Reply 2: On the basis of preoperative radiographs, chest ultrasonography, and color Doppler echocardiography, we judged that the thoracic organs of the patient were not injured. Meanwhile, two hours had elapsed between the time of injury and admission, and the patient's vital signs were stable. At the same time, according to our experience in the treatment of a similar patient, we chose to remove the metallic bar directly instead of using VATS.

Changes in the text: We have modified our text as advised (see Page 3, line 88-93).

Reviewer B

You described the sound management of a really tricky situation.

In considering the paucity of cases reported in the literature, your paper clearly underlined the value of the diagnostic work up in stable patients, in order to better plan the surgical management

Thank you for your approval.

Reviewer C

The author described the case of a man hit by a metal bar. They described how they managed the situation without surgery (VATS nor thoracotomy)

The case is unusual and the picture impressive.

However, I feel quite uncomfortable with some points:

- a great vessel bleeding could be unknown and temporarily covered by the bar. The removal of the bar without being sure of the absence of major lesion can be life-threatening. The delay to postoperative CT-scan can be dangerous and removing the bar under VATS could be safer at some point. I recommend the author to discuss this point
- how to explain the second pleural effusion: was it reactionary? infectious ?
- how was managed the infection risk? Did the patient received systematic antibiotherapy ?
- The CT-Scan was not performed because of the bar. As they mentionned CXR and eFAST, would the author recommend to perform a CT-scan for stable patients when possible?

Comment 1: how to explain the second pleural effusion: was it reactionary? infectious?

Reply 1: The postoperative right pleural effusion of this patient was non-infectious, cultures of pleural effusion showed no bacterial or fungal growth.

Changes in the text: We have modified our text as advised (see Page 4, line 103-106).

Comment 2: how was managed the infection risk? Did the patient received systematic antibiotherapy?

Reply 2: If the patient has signs of infection, we suggest that broad-spectrum antibiotics should be used for anti-infection treatment first, thoracentesis and drainage should be performed at the same time. Pleural effusion should be retained for bacterial culture and drug sensitivity test. If broad-spectrum antibiotics are not effective, targeted sensitive antibiotics can be used for treatment.

In our case, the patient's vital signs were stable, cultures of pleural effusion showed no bacterial or fungal growth, only thoracentesis and drainage was performed without systematic antibiotherapy.

Changes in the text: We have modified our text as advised (see Page 4, line 103-106).

Comment 3: The CT-Scan was not performed because of the bar. As they mentionned CXR and eFAST, would the author recommend to perform a CT-scan for stable patients when possible?

Reply 3: Of course we recommend to perform a CT-scan for stable patients when possible. We have mentioned it in the text (see Page 6, line 135-138).