

Peer Review File

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Reviewer A

1. “This report may be the first report of Uniportal-VATS resection of multiple left thoracic neurofibromas in a young patient, but Uniportal-VATS is now a widely accepted technique, so simply performing the procedure with Uniportal-VATS is no novel enough. Any particular innovations in the Uniportal VATS surgery should be described in this case.”
 - Reply: Thank you for your comment. We improved the text, answering your question as in lines 124-134.

2. The course leading to Uniportal-VATS in this case is unclear. The authors reported that surgical treatments was performed for multiple neurofibromas. The tumor in the thoracic cavity was found in 2014 and described as enlarged in 2017; how was it at the time of the colorectal surgery in 2019? When was this surgery performed?
 - Reply. Thank you for your observation. There was an oversight in the text that we corrected.

3. The authors reported that the tumor was growing and symptomatic, so surgery was performed. Was the possibility of malignant transformation evaluated preoperatively?
 - Reply. Thank you. We addressed this point in lines 56-58.

4. Figures 1, 2, 4, and 5 do not appear to be properly assigned. Thank you for your observation. Figures were re-ordered, accordingly.

Reviewer B

General comment

1. Please consult a native English speaker for revision.
 - Reply. Thank you for your suggestion. The text was improved by a native speaker

Abstract

2. The conclusion is not substantiated by the case report itself; is the approach considered fast and safe based on n=1?
 - Reply. Thank you for your comment. As it was précised in the text now, the conclusions on the approach lie on our previous experience with the technique that seems to be safe and effective for the treatment of chest wall lesions, as neurofibromas. Further studies are necessary to confirm our preliminary result.

Introduction

3. It feels un-natural that no references are used in the introduction section. Normally the introduction section is also used to describe the novelty of the case report. Even for lines including words such as “most frequent” no reference is used.
 - Reply: Thank you for your constructive comment. You are totally right, therefore the introduction was improved as suggested.
4. What does the current case report add to the readily available literature?
 - Reply: Thank you for your question. In the text it was better stated why the use of Uniportal-VATS (never described for the treatment of neurofibromas) may improve the treatment and the recovery of these patients.
5. Did the authors adhere to the CARE-guidelines?
 - Reply: Yes, thank you.
6. Line 35: the case of a young patient. Please remove young or add the objective age considering that 40 may be interpreted as much as old as young.
 - Reply: Thank you. The text was modified as requested.

Case presentation

7. Please adhere to the CARE guidelines for proper reporting.
 - Reply: Yes, we did. Thank you.
8. Line 46-52 do not seem written in chronological order?
 - Reply: Thank you for your observation. There was an oversight in the text that we corrected.
9. A short video of the surgical procedure would be informative.
 - Reply: Unfortunately, we have no video about the case.
10. From the case presentation it does not become clear to me what is the novelty/specialty/value etc of this case?
 - Reply: In the text it was better stated why the use of Uniportal-VATS (never described for the treatment of neurofibromas) may improve the treatment and the recovery of these patients.
11. What was the duration of surgery and blood loss?
 - Reply: Thank you. The required information was added in the text.

Discussion

12. Do the general advantages of uniportal VATS also apply for specific, technically demanding cases, such as the one presented?

- Reply: **Thank you for the question. We think yes, and the answer was provided in the text.**

13. Although uniportal VATS is considered safe, fast and feasible, this only applies to highly experienced hands. If centers are more experienced in for example thoracotomy this should be the approach of choice. Should we refer such patients to specific centers?

- Reply: **thank you for your comment. This is the basic point for each surgical procedures: !do what you can do in the best way!". The important is that such type of patients is followed and evaluated by dedicated clinicians in multidisciplinary team.**

Reviewer C

Thank you for your exciting case report. The procedure is challenging. Therefore, the precise method should be described.

14. How did you extract the tumor through a small incision?

- reply. **Thank you for your comment. The description of procedure was improved.**

15. What type of wound protector did you use?

- Reply. **Thank you. We answered in lines 62.**

16. What type of device did you use? Especially, the energy device and the electrocautery.

- reply. **Thank you, we answered in lines 65-66.**

17. What type and size of chest tube did you use?

- Reply: **A 28 Fr chest tube, as added in the text. Thanks.**

18. How long was the duration of procedure?

- Reply: **126 minutes. Thanks**

19. The order of the figures seems to be wrong.

- Reply. **Thank you. The order was corrected.**