

Peer Review File

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Reviewer A

1 Title: The main topic of the presented case and the manuscript is „pAVMs“, so it should at least be mentioned in the headline. Why is thoracotomy „still“ an option? Was thoracotomy not an option in previous therapeutic strategies? Please rephrase (e. g. „sometimes thoracotomy is the only option“?)

Reply 1: we have modified the title, including “pAVMs”.

Changes in the text: “A case report of massive hemothorax in pregnant woman with a pulmonary arterio-venous malformation: sometimes thoracotomy is the only option.”

2 Abstract & Key findings: fine, no changes needed.

3 Background: this section should contain relevant epidemiologic data. Lines 101-109 of Discussion 3.1 Key Findings should be included here, e. g. in line 53. The sentence in 1.3 Objective should be rephrased: „due to ruptured of a pAVM in a black pregnant woman.“ E. g. „due to a rupture of a pAVM“ or „due to a ruptured pAVM“. Line 89 "including" should be replaced with "of".

Reply 3: we have rephrased the sentence in “1.3 Objective” and corrected line 89. We shifted lines 101-109 of “Discussion” to the paragraph “Background” (see Page 3, lines 50-54).

4 Case description and corresponding figures: Lines 81 to 83 depict CT-morphological findings of a „hyperdense formation on the left lower lobe of 26 mm in contiguity with a pulmonary vessel“. Sadly, Figure 1 only gives an example of haemorrhagic pleural effusion in the upper third of the chest cavity. Showing the „hyperdense formation“ would be far more interesting. Maybe, a coronary reconstruction including the formation could be combined with an example of the hemothorax in transverse layers. Figure 2 is fine except the too prominent arrow.

Reply 4: we have not replaced the figure 1 with another figure showing the hyperdense formation described by the radiological report because I didn't have enough time to look at the radiological picture. The arrow in figure 2 has been made smaller.

5 Discussion. Section Key findings: Lines 101-109 contain basic epidemiologic data, this should be included in the background section, as described above. Line 109-110: „The three main treatment options are: surgical resection, endovascular embolization and conservative medical treatment.“ This should be changed in sequence, giving credit to surgery as the last option of treatment –

especially in a pregnant patient. Line 111-113: indications for surgery are strict, so these should be highlighted, maybe by itemization: • „progressive growth of the lesions • symptomatic hypoxemia • paradoxical embolism • feeding vessels of 3 mm or larger.“ Section 3.4 Implications and actions needed. This needs more discussion. In this section only a listing of possible treatment options is presented. I absolutely agree with the presented case being a perfect example of an emergency indication for a surgical approach via thoracotomy. But why no drainage of the haemothorax with subsequent embolization, given the risks of both the mother and the fetus? Why no videoscopic approach? Please discuss.

Reply 5: We changed in sequence the three main treatment options described in Line 109-110 (see Page 4, line 109-111) and indications for surgery (line 111-113) have been highlighted by itemization (see Page 4, line 111-113); We are agree that “Section 3.4” deserves more discussion, so we added text.

Changes in the text: “The patient was in hemorrhagic shock due to massive pleural blood loss, consequently the situation did not allow the choice of a less invasive therapy. Embolization was not considered because of the patient’s hemodynamic instability and the surgery treatment was performed after careful evaluation together with the anesthesiologists” (see Page 5, line 139-143).

Last one general considerations: Are ethnics a risk factor for pAVMs?

Reply 6: we have not found data on this in literature. References: good. Table 1: OK, but causes of pAVM are already described elsewhere, see references (1) to (4). Thus, the table could be skipped.

Reviewer B

1. The manuscript was submitted as an Original Article; however, it should be a Case Report. Please change the article type to Case Report.

Reply: I changed the article type to Case Report

2. The abstract should be of 200 to 350 words in range. Please increase the length of your abstract.

Reply: I increased the length of the abstract.

3. The text should be arranged as Introduction, Case Presentation, Discussion, and Conclusions.

Reply: I re-arranged the text as as Introduction, Case Presentation, Discussion, and Conclusions.

4. Please number references consecutively in the order in which they are first mentioned in the text.

Reply: References have been consecutively numbered in the order in which they are first mentioned in the text.

5. A total of 3 figures were submitted. Please indicate which is Figure 1 and which is Figure 2 and whether the remaining one should be included in the manuscript or not.

Reply: I indicate which is Figure 1 and which is Figure 2, and I added the Figure 3

6. Please provide an editable version of Table 1.

Reply: I submitted an editable version of Table 1.

7. Please indicate the originality of the figures and table.

Reply: All the figures and the table in this case report are original.