

Peer Review File

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Reviewer A

I would like to congratulate the authors of an interesting article entitled “Case report: Video-assisted thoracoscopic repair of right main bronchus transection after blunt chest injury”.

The case report is written in a clear manner, in good quality English and has a high clinical value.

I have only a few comments:

1. Lines 41-42 – the sentence “a chest CT was performed to further evaluate the mediastinal emphysema” does not provide any information and could be removed
Reply; Mediastinal emphysema is a clinical key for investigation for mediastinum injury such as main bronchus or esophagus injury

2. Line 42 – was the CT performed with intravenous contrast?

Reply: Yes, it is performed with intravenous contrast

Change in text; a chest CT with intravenous contrast was performed to further evaluate the mediastinal emphysema

3. Line 52 – the phrase “the right hilar” is not clear, did the authors mean “the right hilum”?

Reply; Yes.

Change in text; Tracheal release maneuvers were performed, such as division of the inferior pulmonary ligament and the right hilum,

4. Line 57 – please remove “i.e.,”

Change in text: Two chest tubes were placed at the anterior and posterior thorax.

5. Did the patient received any antibiotics in the postoperative period?

Reply; Yes, he received third generation cephalosporin (Ceftazidime for 7 days)

6. Line 77-78 – “Farley et al. have suggested that conservative strategies...” – please list these conservative strategies.

Reply; Conservative strategies include endotracheal intubation with the tip distally to the injury site, sedation and bronchoscope to ensure good healing of injury site

Change in text; Conservative management can be done by passing the endotracheal with balloon cuff distal to the injury site with PEEP and low tidal volume for 7-14 days. Bronchoscope is needed to ensure good healing of the injury site. Some of the cases might be needed stent placement.

7. Line 80-82 – sentence “Nevertheless, stenting is becoming more popular as it is less invasive, despite the risk of stent migration, fracture, or infection. Therefore, the future of stenting appears promising” is controversial. What kind of stents do the authors have in mind? Please refer to the literature.

Reply; The author “Farley” did not mention the type of specific stent but only wide range of stent selection.

Change in text; At present, there are many wide types of stents and shapes including straight, T and Y shape, and silicone and metallic with metallic stent having varying degrees of coating. As a result, the selection in of stent in tracheal injury is still art.

8. Figures are of poor quality, please provide CXR and CT of better quality. In addition, the authors could consider using a lung window instead of mediastinal window for the CT scan presentation, it could provide more information for the readers.

Reply; I have change a CxR for better quality. However CT scan is from another province and could not find an original file

9. The manuscript could benefit from editing by the professional English language editing.

Reply: This manuscript is already editing by Enago (An editing brand of crimson Interactive Inc.)

Once again, I would like to congratulate the authors of a very interesting case report. I suggest publication of the manuscript in the ACR after minor revision.

Reviewer B

We would like to congratulate the authors on their manuscript entitled: “case report: video-assisted thoracoscopic repair of right main bronchus transection after blunt chest injury”. Please find our comments below.

General comment

- Please adhere to the CARE guidelines for case reports.

Introduction

- This section is missing. Therefore it is also unknown what this study adds to the existing literature and/or why this case reports adds value towards the readers.

Case report

- Please add more information regarding the mechanism of injury and direction of force/impact.

Change text; A 44-year-old male patient suffered a blunt chest injury after a large

metallic plate fell from a height and direct crushed at his upper trunk.

- Did the blood saturation improve after chest tube placement?

Reply; Yes

- Based on the presence of cranial rib fractures, was a CT angiography performed?

Reply; No, CT chest intravenous contrast was performed

- What is the additive value of direct postoperative bronchoscopy if the underwater test with PEEP of 30mmHg is negative?

Reply; To see anastomosis and suture line

Discussion

- I do not agree that bronchoscopy is the primary method of diagnosis, although it is sensitive to diagnose tracheal/bronchial injury there is no place in an emergent setting.

Reply; I am also agreed

- In my opinion, primary treatment should be surgically and only alternative/conservative in selected patients.

Reply; I am also agreed.

- Although it is technically possible to repair tracheal/bronchial injury through VATS, what can we learn from this article?

Reply; Minimal invasive surgery could be performed under emergency condition with a benefit of less complication and less blood loss

- How about muscle flaps or even omental plasty to strengthen the anastomosis?

Reply; We could use intercostal muscle flap or omental flap >> However, in our intuition all the emergency case, pericardial fat pad and thymus are easiest to harvest and common used for protect anastomosis.