Reviewer's report

**Title:** Management of gastro-bronchial fistula complicating a near-total esophagectomy: Case report

**Version:** 1  **Date:** 25 October 2009

**Reviewer:** Isao Nozaki

**Reviewer's report:**

This report demonstrates a case with gastro-bronchial fistula as a postoperative complication after a subtotal esophagectomy for esophageal cancer. A case with gastro-bronchial fistula improved by a conservative therapy is rare, which is valuable to report. But descriptions about location of fistula and how to treat it are not enough. The authors should correct or improve the following unclear descriptions and my suggestions.

**Minor Essential Revisions**

1. The anastomosis between cervical esophagus and gastric tube is usually located in the upper mediastinum, and is far from the left main bronchus. The CT images in the Figure 2. have two arrows that points two different places: One points near the neck anastomosis, the other points the left main bronchus. How many fistulae did the patient have? If he had one, is the fistula very long? A gastro-bronchial fistula is usually formed side to side between the two organs very closely. The authors should clarify this unclear description by a new figure or comments.

2. A formation of gastro-bronchial fistula after a subtotal esophagectomy is usually fatal due to respiratory dysfunctions. However the patient recovered from it by the conservative therapy without pulmonary complications. The authors should speculate reasons in Discussion why they could successfully treat it with no interventions. I speculate one of the reasons is that the fistula was long enough to close itself (See comment #1).

3. The authors described that the patient was managed with respiratory support after the detection of fistula until it closed. What does the respiratory support mean? Intubation with respirator? They should clarify this point.

**Discretionary Revisions**

1. The title should be subtotal esophagectomy or transthoracic esophagectomy instead of near-total esophagectomy.

2. Although the authors detected no evidence of leakage or abscess near the anastomosis in the CT images that was performed the fourth postoperative day, they had better show some of the images near the anastomosis as a new figure.

3. The authors cited some papers about esophageal cancer with gastro-bronchial fistula. But another two papers were found; Results after endoscopic treatment of postoperative upper gastrointestinal fistulas and leaks


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.