Reviewer’s report

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

**Version:** 1  **Date:** 2 November 2009

**Reviewer:** Davide Bona

Reviewer’s report:

Congratulations for the very interesting article. As you pointed out anastomotic leaks are one of the most challenging complication occurring after esophagectomy especially since no validated management protocol has been published at present time. I have few questions I would like to ask you:

1. Did you perform a radiographic swallow study before postoperative day 14?
2. In the Case Report section you state that endoscopy revealed a healthy gastric tube and that a tiny area of granulation tissue was seen in the anterior portion of the anastomosis. Did you try to inject methylene blue to demonstrate the presence of a communication between the assumed leak and left main bronchus? Do you have any endoscopic image of the anastomotic site? If yes, I think it would be nice to add that as a figure too.
3. Can you please comment separately (A and B) on the two CT scan images eventually clarifying why you assumed that the anastomotic leak was actually a secondary consequence of the bronchial fistula?

Thank you very much.

Best regards,

Davide Bona, M.D.
IRCCS Policlinico San Donato
Università degli Studi di Milano
San Donato Milanese (Mi)
Italy

**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