Reviewer's report

Title: Removal of Metallic Tracheobronchial Stents in Lung Transplantation with Flexible Bronchoscopy.

Version: 1 Date: 23 June 2010

Reviewer: Jose Fernando Santacruz

Reviewer's report:

Title: Removal of metallic tracheobronchial stents in lung transplantation with flexible bronchoscopy.

General:
The authors reported an interesting retrospective review of the successful retrieval of six self-expanding metallic stents in lung transplant patients.

Major revisions:

1. The authors described the successful removal of six self-expanding metallic stents (SEMS) in lung transplant recipients without major complications. As we know, and as the literature has described it for several years; the removal of SEMS is virtually possible in any case in experience hands, either by rigid or flexible bronchoscopy; however its complications may be associated to major morbidity. It is very interesting the fact that the authors were able to remove six stents without major problems; nevertheless, the removal of “six” SEMS must NOT encourage the increasing use of SEMS in benign airway disease, as lung transplantation, as suggested in the conclusion. The number of stents removal is very limited, and the fact that in six cases no major complications occurred, does not overcome the overwhelming, vast majority of literature, that describe the major complications of SEMS. In 2005 the FDA published an advisory of the use of SEMS for benign diseases; and as described by Alazemi S. et al.; (Outcomes, Healthcare Resources Utilization, and Costs of Endoscopic Removal of Metallic Airway Stents - http://chestjournal.chestpubs.org/content/early/2010/05/20/chest.09-2682 - CHEST journal); the use of SEMS declined in the following years, but unfortunately is becoming a frequent practice again. This does not implies that SEMS are prohibited in lung transplant, however their use must be very cautious, and as the last resource.

Minor revision:

1. “A major disadvantage of using the rigid…” – The use of the rigid bronchoscope in experience hands is safe and effective, even in lung transplant. The “further trauma to the anastomotic site” is only a theoretical concern; and as such, if indicated, must not preclude the use of silicone stents in this population if needed.
**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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.