Author's response to reviews

Title: The feasibility of axial and coronal combined imaging using multi detector row computed tomography for the diagnosis and treatment of pneumothorax

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Author's response to reviews: see over
Dear Editor

Thanks for your letter.

I corrected my manuscript according to reviewer’s recommendation.

Yours sincerely.

Do Hyung Kim

Reviewer 1

1. Why were patients without ELC not included in the study?
   The first attack pneumothorax without ELC was not indication in our institute, so we could not inspect ELCs in this group.

2. The authors should give more details about the surgical procedure.
   I add surgical procedure in the manuscript.

3. If it is better to detect ELCs in coronal view of CT scan, why were six ELCs detected only in axial view? Why was there no significant difference in the accuracy between axial and coronal views? The authors should also make statement, why ELCs were assessed firstly in axial view and then in coronal view, not conversely.

   I think the coronal view is not superior than axial view, but the additional detection of ELCs which is overlooked on axial view CT is possible on coronal view CT.

   The reason that I firstly stated the sensitivity of axial view is the axial view is the conventional view. The coronal view is new concept since introduction of MDCT. The coronal view is generally used in the limited field of lung disease such as lung cancer, metastatic lung cancer, trachea...
disease etc. In present, most institutes does not use coronal view in the diagnosis of ELCs.

4. In the discussion, the authors stated that “resection of as many ELCs as possible will likely reduce the recurrence rate of pneumothorax”. They should give clinical data to support this statement. In fact, in patients with many ELCs, extensive resection may make it impossible, that the remaining lung parenchyma fill the hemithorax. The key for a successful VATS-procedure in this circumstance is to produce firm pleural adhesion in addition to bullectomy, which allows the full expansion of the lung parenchyma.

I also agree your opinion that pleurodesis is an important factor to decrease recurrence rate. But my patient is simple primary spontaneous pneumothorax group, they do not have many emphysematous lesions. Only some resections are necessary to complete resection of ELCs. These group are not emphysematous lung disease and secondary pneumothorax. I think more important factor is complete resection of ELCs to decrease recurrence rate in the primary spontaneous pneumothorax.

Reviewer 2

1. Detail explanation of the location of ELC
   All ELCs were located in apex of upper lung, and superior segment of lower lung. I added location of ELC
2. How to identify and resect the ELC using axillary thoracotomy, especially in collapsed lung and limited vision. Description of detail operative procedure.

   I add surgical procedure in the manuscript.

3. The definition of combined view and figure if possible

   I add definition of combined view.

4. The accuracy of all views and direct inspection. detail explanation of each numbers using calculate accuracy

   I corrected my manuscript..

5. Let the numbers in phrase of body identify with the numbers in Table 2

   I am sorry, I can not understand your request.

6. Ninety -> Ninty –

   Ninty ????

7. Cranico- -> Cranio-

   I corrected spelling.

8. What is the meaning of “seventeen percent” in “Seventeen percent of all ELCs

   were~~~" –

   Seventeen percent imply 18/94 ELCs

9. Fig 2a,2b ?? ME

   I correct misprint.

10. I think high recurrence in VATS associate with unidentified and unresected emphysematous lesion and newly developed bullae on stapled line as author. But, only increased accuracy of detection of ELC is the factor of decreased VATS
recurrence is too impatient conclusion –

I changed the conclusions considering your recommendation.