Author’s response to reviews

Title: Bronchogenic cyst associated with pericardial defect: Case report and review of the literature

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Author’s response to reviews:

Dear Editor,

We have revised the manuscript in light of the reviewer’s comments and here resubmit the revised version, showing highlighted by yellow color the changes made in the text.

The following are the responses to the Reviewers’ remarks, point by point.

Reviewer: Ken Kodama

Reviewer’s report:

The authors describe a patient who successfully treated by VATS approach using the harmonic scalpel for the resection of BC arising from the upper border of the PD. I think that they well presented this case and also well discussed the essential point.

As an minor essential revision, please discuss the benefit of the technique combibed VATS and harmonic scalpel when compared with other combination technique, such as VATS with electric cautery.

RESPONSE:

Harmonic scalpel is safe and confers some advantages over conventional methods of dissection in VATS procedures. It reduces the blood loss, duration of drainage and the length of the VATS procedure with a comparable cost as compared to electrocautery. Similar advantages of harmonic scalpel have been observed in other surgical fields, such as axillary dissection for breast cancer [32], thyroid surgery [33], video-assisted thoracoscopic thymic resection [34] and
also cardio-vascular surgery [35].

This concept has been introduced in the discussion section on Page 6 lines 5-11.

Reviewer: Pierluigi Granone

Reviewer’s report:

Major Compulsory Revisions: none

Minor Essential Revisions:

1) The Author should improve English in the case presentation section.

2) Five days of postoperative hospital stay after thoracoscopy without lung resection are many; the author should explain why the patient has been observed for so long.

1) The English was improved in the case presentation section.

2) The case presented is not routine in current VATS practice. After eliminating the bronchogenic cyst which covered the pericardial defect, in the early postoperative course we decided to extend hospital stay for a few days, to accurately monitor cardiac function (transthoracic echocardiography demonstrated no cardiac herniation nor functional deficiency).

Accordingly the text was revised on page 4, lines 2-3.

Reviewer: Jiro Okami

Reviewer’s report:

This is a well documented report presenting an exceptionally rare case of bronchial cyst accompanied with pericardial defect. I have a question. Do the authors think that two congenital anomalies happened in the same patient co-incidentally If so, this case is interesting as a surgical report but not very interesting as a medical report. I would like the authors to address the hypothesis how pericardial defect come along with bronchial cyst during embryonal foregut development.

RESPONSE:

During development of the pleuropericardial fold, pericardial defects and lung anomalies such as bronchogenic cyst may occur together [15]; this event is unlikely to be co-incidental.

Accordingly the text has been revised on page 6, lines 12-14.
Reviewer: Cemcit Karakurt

No revision requested.

Best regards

Lorenzo Dominioni, on behalf of all authors