Reviewer's report

Title: Cox-Maze III procedure with valvular surgery in an autopneumonectomized patient

Version: 1 Date: 25 August 2012

Reviewer: James Stoller

Reviewer's report:

Comments to Authors

The paper is a case report describing a successful Com-Maze procedure in a patient with a functional left pneumonectomy. Available literature is sparse. Several issues warrant comment:

1. Criteria for selection. The authors comment on the importance of "appropriate selection and counseling." However, the text does not specify whether any specific criteria were used to determine that this patient was eligible. How was the decision made? Were any additional tests used, e.g., cardiopulmonary exercise testing, etc.? This should be described. How can others seeing a similar patient decide whether their patient is a candidate for surgery? There is a need for generalizable knowledge.

2. Extraneous figures. Figures 3 and 4 add little here and could be deleted. The focus of the paper is on the patient's tolerating the procedure and, it seems to me, less on the technical details of the cardiac incision.

3. English. The writing needs attention. For example, many articles like "the" and "a" are missing, e.g., page 4, paragraph 4 should be "to avoid a Swan-Ganz catheter," etc. Page 4, "Maze" should be capitalized. The sentence on page 4, "During perioperative period, intensive..." should be rewritten. The phrase "must be taken care of" is awkward and the article "the" is needed before "perioperative." Page 2, "destructed" is not a word; it should read "destroyed." Overall, the paper would benefit from careful review of the English.

Comments to Editors

The paper is a case report regarding a sparsely reported event, i.e., cardiac surgery in a functionally post-pneumonectomy patient. Because the issue is sparsely described, it probably warrants publication, but would be improved by better writing, clearer description of what selection criteria or pre-operative testing was used, and shortening (e.g., by deletion of the figures that add little). The authors are encouraged to pay more attention to what lessons (other than the feasibility of a good outcome) there are for other clinicians who may see similar patients. Specifically, how should such patients be evaluated? Is spirometry alone sufficient? Were there arterial blood gases performed or a cardiopulmonary exercise test? This should be stated and, if done, the results should be included in the report.
- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

Add information about criteria used to determine eligibility for the surgery as noted in Comments to Authors.

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

Correct the English.
Delete Figures 3 and 4.

- Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

None.

Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be passed on to the authors and published on the website if the article is accepted.

What next?

Provide details about selection criteria and additional pre-operative assessment to permit the reader to determine future pneumonectomized patients can be offered cardiac surgery. Is there any generalizable knowledge from this experience?

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Given your assessment of the manuscript, what do you advise should be the next step?

- Accept without revision
- Accept after discretionary revisions (which the authors can choose to ignore)
- Accept after minor essential revisions (which the authors can be trusted to make) X - Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.
- Reject as not sufficiently sound
- Reject as not of sufficient priority to merit publishing in this journal
Level of interest
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Please indicate how interesting you found the manuscript:

- An exceptional article (of the kind that might be found in a leading, broad interest journal such as Nature, Cell, Science, New England Journal of Medicine, Lancet)
- An article of outstanding merit and interest in its field (of the kind that might be found in the leading specialist journal in the field)
- An article of importance in its field
- An article whose findings are important to those with closely related research interests
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Quality of written English
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Please indicate the quality of language in the manuscript:

- Not suitable for publication unless extensively edited
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Please complete a declaration of competing interests, considering the following questions:

- Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
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interests' below. If your reply is yes to any, please give details below.

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**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Declaration of competing interests:**

None