Reviewer's report

Title: Technical Aspects of Single-Port Thoracoscopic Surgery for Lobectomy

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Reviewer: Shaohua Wang

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The authors have made a good presentation on single-port thoracoscopic surgery for lobectomy. The discussion addressed three major issues: 1) how to locate the lesion; 2) incision length and how to retrieve specimen; 3) the necessity of using trocar or not. However, these three aspects are also common topics discussed hotly in conventional thoracoscopic lobectomy. For an article entitled ‘Technical Aspects of Single-Port Thoracoscopic Surgery for Lobectomy’, I thought after reading the paper that some surgical details about single-port thoracoscopic surgery for lobectomy should be added, such as the technique in dissecting fused oblique fissure etc.

• Major Compulsory Revisions
  1 The authors said in the article that without palpation, it was difficult to locate the lesion in case of no pleural dimpling. Then how did you locate the lesion? Or was there pleural indentation in both Case 1 and Case 2?
  2 We all know that whether the lung fissure is fused or not makes the difference in thoracoscopic lobectomy, let alone in single-port thoracoscopic for lobectomy. What about the lung fissure in all the three cases? I notice longer operation time and more bleeding in Case 2. What’s the reason? Why did you extend the incision prior to the lobectomy in Case 2 while in other 2 cases you just extended the incision after lobectomy in order to get the specimen out?
  3 All the photos showed the incision. I think some pictures demonstrating how to expose and ligate pulmonary arterial branches in the view of single-port thoracoscopy will be more helpful and more convincing.

• Minor Essential Revisions

Some spelling mistakes such as ‘surgeonsn’ and grammatical mistakes such as ‘Here we two solution’ should be corrected.

• Discretionary Revisions

The authors ‘encourage such procedure to be widely applied in more operative patients of all kinds’ at the end of the abstract. Since upper lobectomy, lobectomy with whole pleural adhesion and lobectomy in central carcinoma were not mentioned in the article, and even conventional thoracoscopic lobectomy has its own indication and contraindication, I recommend single-port thoracoscopic lobectomy used in selective patients.

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:**

I declare that I have no competing interests.