Reviewer's report

Title: Simultaneous nephrectomy and coronary artery bypass grafting through extended sternotomy

Version: 1 Date: 19 May 2012

Reviewer: Ahmad Darwazah

Reviewer's report:

To Editor
Thank you for having this opportunity to review the above manuscript.

Major compulsory Revision No

Minor Essential Revision Yes

Discretionary Revisions No

To Authors
I would like to congratulate you for the management of this interesting case.

Few comments need some clarification which can be added to the manuscript.

In the introduction
1) You mentioned Traditionally the surgical procedure have been staged with cardiac surgery performed first followed by the general operation at a later date. However, the aforementioned technique carries the risk of rapid cancer growth.

I think staged technique still has a role in the management of these patients. It is a safe technique provided that myocardial revascularization can be performed by off-pump technique. Nevertheless, CPB can be used after dealing with cancer, the possibility of cancer spread is unlikely.

please review our study published in 2010 " Use of off-pump coronary artery bypass surgery among patients with malignant disease.

# Coronary revascularization should only be performed before management of cancer in unstable patients (acute coronary syndrome, main stem disease, and multivessel disease with significant LAD lesion). Otherwise, cancer treatment can be performed safely in stable coronary patients.

# In staged surgery, if the time lapse between the two surgeries is short, the possibilities of having dissemination is negligible provided that off-pump is used.

I agree that CPB may potentiate spread of malignant cells by affecting N-K cells.

# You mention Several recommendation over the last 2 decades have favored combined procedure.

I agree that combined technique seems logical, less cost and have a single operation. However, combined technique have a high incidence of both mortality and morbidity when compared with staged procedure.

In the case report

# please mention details of the coronary angiography
# Did you face any difficulties in removal of the kidney through this approach
# In coronary surgery, you mentioned 6 distal anastomosis. Please make this clear as this was the main decision in using CPB instead of off-pump
# after nephrectomy, you mentioned that the abdominal incision was closed, then you proceeded with heart operation. Do you think maybe it was better to leave the abdominal incision open till you reverse heparin to be sure that there is no bleeding.

Discussion

It is important to differentiate cases of combined CAD and lung cancer and those with GIT malignancy. The latter are more difficult to treat.

Those with lung cancer, majority of cases can be dealt with single incision median sternotomy, rarely, a combined sternotomy and thoracotomy must be used to facilitate lymphadenectomy.

In GIT malignancy, two separate incisions must be performed. A high incidence of contamination and infection is the main cause of morbidity.

# In the discussion, more information about previous cases of combined nephrectomy and CABG must be written to make it stronger. Specially previous incisions used and various difficulties encountered among these cases.

In conclusion

conclusion must be re-written to emphasize on the importance of the combined procedure and the incision used.

Thank you

**Level of interest:** An article of importance in its field

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

Declaration of competing interests:

I declare that I have no competing interests