Reviewer’s report

Title: Symptomatic intrathoracic splenosis presenting as persistent chest pain

Version: 1 Date: 6 June 2012

Reviewer: Ryohei Miyata

Reviewer’s report:

Major Compulsory Revisions

1. The authors chose an open surgery instead of thoracoscopic approach. Having performed the open surgery, do you still recommend open approach for the disease? What exactly was “careful preoperative planning”? The authors describes that the adhesions were loose and filmy; therefore, one might better choose thoracoscopic approach for the following reasons: (1) the disease is benign, (2) the disease is rare, and the preoperative diagnosis must be confirmed directly via thoracoscopic approach before thoracotomy. Most surgeons including myself have never seen this disease. Therefore, we will wonder what to do if we encounter the disease. It would be helpful if you can provide your suggestions regarding surgical approach after having actually done your surgery.

2. The authors describes that the mass was spread along the phrenic nerve. The affinity for nerve tissue is of particular interest and needs further discussion. The fragmented splenic tissue can be implanted into the thoracic cavity through rents in the diaphragm or by flow of peritoneal blood through normal diaphragmatic foramina. Therefore the presence or absence of diaphragm laceration should be clarified.

3. The mass has grown rapidly in one year, even though the disease is benign. The patient has important medical background including HCV infection and heavy smoking habit. The information on the current status or recent change in liver function/cirrhosis and chronic lung inflammation such as COPD is crucial and should be provided.

Minor Essential Revisions

None

Discretionary Revisions

None

What next?

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

- Accept without revision
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