Reviewer's report

Title: Symptomatic intrathoracic splenosis presenting as persistent chest pain

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Reviewer: Ho HN NAMKOONG

Reviewer's report:

My review is as follows.

The authors reported a case of symptomatic intrathoracic splenosis which was removed by surgical intervention.

This case is interesting in that the symptom of left-sided chest pain disappeared after surgery and that the size of intrathoracic splenosis is the biggest among the cases reported so far.

The draft is well written. The argument is well organized and the case is worth reporting, Therefore, I agree on accepting this paper as a contribution to the journal.

My major comments are as follows.

1) In this case, the patient felt shortness of breath before intrathoracic splenosis removal. It is doubtful that shortness of breath was due to intrathoracic splenosis, because the patient with heavy smoking history could have COPD. I would like to know the result of pulmonary function test of this patient and the pulmonary symptom after surgery.

2) In this case, the size of intrathoracic splenosis increased significantly. However, as the authors mentioned it in the paper, intrathoracic splenosis is usually asymptomatic and the size is stable. I would like to know whether previous researches reported any cases that intrathoracic splenosis increased as observed in this case.

A minor comment is:

3) As the authors noted in the paper, Technecium-99m is an important tool for the diagnosis of intrathoracic splenosis. I think that the authors should lay out a figure of Technecium-99m if the journal permits the additional figure.

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Quality of written English: Acceptable

Declaration of competing interests:
None