Dear board of editors,
Dear Editor-in-chief,

Please find attached the revised manuscript, titled "Video-Assisted Thoracoscopic Resection of a Giant Bulla in Vanishing Lung Syndrome: Case Report and a Short Literature Review" based on the reviewers' comments for consideration for publication in the Journal of Cardiothoracic Surgery.

All comments and revisions were added using ‘Track Changes’ in the manuscript. In this cover letter all reactions to reviewers’ comments are shown in red.

Study design in the title was specified and became: ‘Case Report and a Short Literature Review’.
Ethnicity of the patient was added in abstract and case presentation section: ‘Caucasian’.
Author’s separate detailed contribution was included in the section header at the end of the manuscript before the reference list.

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**REVIEWER N° 1**

- Title: Video-Assisted Thoracoscopic Resection of a Giant Bulla in Vanishing Lung Syndrome: Case Report and a Short Literature Review
  - Version: 1 Date: 27 September 2013
  - Reviewer: Jan De Raet

**Reviewer's report:**

well written case report with interesting facts for the readers

**Minor essential revisions:**

1. abstract: - change "thoracoscopy" into "thoracic surgery"
   *OK*
   - spelling error: Additionally
   *OK*

2. background: last sentence: omit "video...scopy", only use "VATS"
   *OK*

3. case report: - idem as in background: use only "VATS"
   *OK*
   - add SI-units in blood gas results
   *mmHg was added*
   - Covidien: add manufacturing city/country etc.
   *Norwalk, CT, USA was added*
   - Where exactly was the stripping performed?
The pleurectomy was safely carried out over the apex down to the azygous vein
- write: - "complaints"
  OK
- "auscultation and spirometry were..."
  OK
- Champix: add manufacturer, country.
  Pfizer, New York, USA was added

4. discussion: - change "thorascopy-clamps" into "endo-clamps"
  OK
- write: ...base of the giant bulla...
  OK
- change "bronchioles" into "lung tissue"
  OK

5. conclusion: - "non-invasive VATS" is not correct. Surgery is always invasive. please write instead: "minimal invasive approach"
  OK
- change "pleurevac" into "chest tube".
  OK

REVIEWER Nº 2

- Title: Video-Assisted Thoracoscopic Resection of a Giant Bulla in Vanishing Lung Syndrome: Case Report and a Short Literature Review

- Version: 1 Date: 8 October 2013

- Reviewer: Andrea Imperatori

Reviewer's report:

Even if the issue is interesting and in theory with an important impact, the manuscripts does not achieve the main goal to give updated information on the field. The case report of a video-assisted thoracoscopic bullectomy is not an innovative technique being described already in the 1990' (as cited by the Authors).

Bullous emphysema is indeed not a very uncommon illness per se, but this manuscript describes an unusual presentation of the disease where the bulla presents in such giant size.

We believe this article contributes to medical knowledge and has an educational value to the interested readers in the field in also resuming the history and indicating the important practical pitfalls. It summarises a short but complete and critical literature review together with an example of a patient with giant bulla on whom VATS bullectomy was performed successfully.

Moreover, the reported case does need a prolonged follow-up (greater than 3 months) to assess long-term results in term of pulmonary function, pain and recurrence.
The outcome for our patient is indeed only observed in the short run so far. Up to now, we can conclude that our patient does not have any complaints of pain or recurrence and that spirometry results are maintained. It is recognized that over 50% of patients treated with VATS report postoperative chest wall paresthesia related to the portal sites in short post-operative phase.

Meanwhile the patient is 1 year post-operative and follow up shows a persistently positive outcome. We added this to our manuscript based on the reviewer’s proposal.

Long term and more generalized results cannot be evaluated from this single case but this one case is in every respect encouraging. It does not target long-time observation.

Non-smoking patients, co-morbidities and prior surgery recurrence are known to increase recurrence. Even with adequate pleurodesis as a cornerstone of thorascopic recurrence prevention, the recurrence rate is also relatively high at between 0 and 10%.

The Authors reported as postoperative morbidity a controlateral bronchopneumonia treated by i.v. antibiotics and so “quickly” resolved to permit discharge in good general conditions on postoperative day 5. This sounds unusual. How did they diagnose pneumonia? How long did the patient receive intravenous antibiotics?

On postoperative day 2 the patient developed a strong cough (cave tabagism) with a fever. Blood sample and chest x-ray respectively revealed an increasing leucocytosis and a consolidation zone with pulmonary infiltrate of the right middle lobe with limited pleural effusion on the right side. On the left side there was a good expansion of the lung. Further investigation displayed purulent secretions. Blood culture remained negative.

The patient received intravenous antibiotics during a 3 days period, then oral antibiotics during a 10 days period, combined with general aerosols and mucolytics. The patient was a young man who indeed showed favorable clinical and lab technical evolution after the treatment was initiated.

Postoperative spirometry was defined “perfectly normal”, but the Authors should report data. Did they observe any restrictive syndrome after pleurectomy?

Complete lung re-expansion and obliteration of the pleural space was achieved after pleurectomy with measurable normal lung volumes in the post-operative phase. No restrictive syndrome was observed. There was slightly decreased FEV1 and end-expiratory flow/pressure (reversibility), with normal lung volumes.

Data were added in the manuscript as requested by the reviewer.

Finally, the authors do not discuss any important limitation to their study.

This manuscript only looks at one particular case, not targeting generalizability. As in every single patient case representativeness cannot be guaranteed. However, we tent to believe that a particular case report like this one does have a learning potential for the readers. The narrative and detailed case description combined with the short literature review places the reader in a good learner’s position.
- Title: Video-Assisted Thoracoscopic Resection of a Giant Bulla in Vanishing Lung Syndrome: Case Report and a Short Literature Review

- Version: 1 Date: 6 October 2013

- Reviewer: Dirk Smets

Reviewer's report:

Major Compulsory Revisions:
none

Minor Essential Revisions:

- VATS is Video Assisted Thoracoscopic Surgery
  OK

- In the abstract it should be: additionally
  OK

Discretionary Revisions: this is a nice and well documented case-report. It illustrates an actual surgical technique. Therefore, I suggest, that in the recommendations towards the readers, it should be clearly stated that this should be the technique of first choice and that open surgery is not done/obsolete in these kind of situations.

This statement was added in the abstract and manuscript conclusion. This comment definitely complies with our findings and is therefore vital for the reader. So based on the reviewer’s suggestion a statement to that effect was added in the manuscript conclusion.