Author's response to reviews

Title: Thoracoscopic plication for a Huge Thoracic Meningocele in a Patient with Neurofibromatosis

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Author's response to reviews: see over
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Title: Thoracoscopic Plication for a Huge Thoracic Meningocele in a Patient with Neurofibromatosis

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Version: 1 Date: 1 April 2014

Author's response to reviews: see over
Reviewer's report

Title: Thoracoscopic plication for a Huge Thoracic Meningocele in a Patient with Neurofibromatosis

Version: 3 Date: 16 October 2013

Reviewer: yu-chung wu

Reviewer's report:
Chen and colleges reported a 48 y/o female presented with progressive dyspnea and a huge intrathoracic meningocele, who has been unsuccessfully treated by a thoracoscopic cystoperitoneal shunt initially, and then successfully treated by a thoracoscopic plication thereafter. Symptomatic intrathoracic meningocele is a rare clinical scenario and the optimal treatment remains uncertain. Resection of the cyst with or without laminectomy to correct the spinal deformity, or a conservative cystoperitoneal shunt had been reported among the literature to treat the patients. The authors described a “novel” surgical technique as an alternative to resolve the problem, which may potentially interest the readers. However, I have few suggestions for the authors to improve the quality of this report:

1. The authors need to clarify how the decision had been made to insert a shunt or to plicate the cyst by using a thoracoscopic approach instead of a total extirpation of the cyst and laminectomy through a thoracotomy, and add a paragraph to discuss the risk benefit ratio among them.

   We explained every surgical method to the patient. The definite treatment was total extirpation through a thoracotomy, laminectomy, or costotransversectomy. This method is associated with significant risk, and can cause spine instability.

   Other alternative methods included shunt implantation or cyst plication. These methods were simple but the effect was unknown. Finally, the patient chose the simple method first.

2. Is migration of the shunt a common problem? Further discussion regarding why it happened and how to avoid it should be mentioned in the manuscript.

   The reports associated with shunt implantation was rate. Only two case reports introduced the shunt implantation. Dislocation of cystoperitoneal shunt still occurred in our patient. We considered that dislocation was associated with respiratory movement.

3. The text of the manuscript should be professionally and succinctly re-written and English editing is definitely required.
The manuscript has been edited by a native English speaker

**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

The manuscript has been edited by a native English speaker

**Declaration of competing interests:**

I declare that I have no competing interests
Reviewer's report

Title: Thoracoscopic plication for a Huge Thoracic Meningocele in a Patient with Neurofibromatosis

Version: 3 Date: 17 October 2013
Reviewer: Han-Shui Hsu

Reviewer's report:
The authors reported a case of huge thoracic meningocele and neurofibromatosis managed by thoracoscopic plication. The manuscript needs English editing by a native English speaker. The management of thoracic meningocele associated with neurofibromatosis has been well discussed and reported in the literature. Thoracoscopic application in thoracic disease is also well adapted worldwide. In addition, the patient in this case report was followed up only for 2 months. Longer follow-up may be needed to evaluate the efficacy of this procedure. Some typing errors were noted throughout the whole manuscript. In case presentation, first paragraph, 9th line, “thoracoctomyand”? In discussion, first paragraph, neurofibromatosis 1, cases 2…?

We have followed this patient up to one year. The patient was still stable.
The manuscript has been edited by a native English speaker

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

The manuscript has been edited by a native English speaker

Declaration of competing interests:

no competing interests