Reviewer's report

Title: Ipsilateral reexpansion pulmonary oedema after drainage of a spontaneous pneumothorax: a case report

Version: 1 Date: 30 July 2007

Reviewer: Gianlorenzo Dionigi

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

RE: 'Ipsilateral reexpansion pulmonary oedema after drainage of a spontaneous pneumothorax: a case report' by Anna Conen, Ladina Joos Zellweger and Roland Bingisser - Journal of Medical Case Reports - Case report

Summary
The Authors describe unique case of a ipsilateral reexpansion pulmonary oedema after drainage of a spontaneous pneumothorax. Reexpansion pulmonary edema is an iatrogenic complication that develops in a lung rapidly reinflated after varied periods of collapse. There is no definitive treatment for this condition.

The main objective of this review is to critically evaluate the present evidence regarding treatment of pulmonary oedema after drainage of a spontaneous pneumothorax.

Unique radiological figures are presented in this paper.

An interesting Figure (Fig. 3) is presented.

A brief Literature review of this complication is reported, the pathophysiology
explored and therapeutic measures examined. Only a few cases have been previously described in the English-language literature. An additional one is presented.

Major Compulsory Revisions

I enjoyed reviewing the paper “Ipsilateral reexpansion pulmonary oedema after drainage of a spontaneous pneumothorax: a case report” by Anna Conen et al. I have the following questions and suggestions for the authors:

• Unique radiological figures as well as Fig.# 3 are presented in this paper: this should be stressed in the Introduction Section.

• I think this is a case of tension left pneumothorax (Figure 1). Please correct in the paper.

• The Authors must comment on the fact that increased duration of pneumothorax and the use of suction are important factors in the generation of reexpansion pulmonary edema: the patient in fact presented after 24 h after onset of chest pain. This must be point out and stressed in the Discussion Section.

• The Author must comment why a CT scan was not performed when the patient was stable during follow-up (etiology of the pneumothorax?). Madani A, De Maertelaer V, Zanen J, Gevenois PA. Pulmonary emphysema: radiation dose and section thickness at multidetector CT quantification--comparison with macroscopic and microscopic morphometry. Radiology. 2007 Apr;243(1):250-7.


• A major revision of the English language is mandatory

What next?: Accept after minor revisions

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