Reviewer's report

Title: Solitary metastatic adenocarcinoma of the sternum treated by total sternectomy and chest wall reconstruction using a Goretex pach and myocutaneous flap: a case report

Version: 5 Date: 4 November 2008

Reviewer: Konstantinos Apostolou

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

If other, please specify:
Infrequently described choice of surgical management, interesting technical aspects of surgical management

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is a very interesting work on the use of a flap that is described infrequently for the specific task in literature, although it is an aknowledged means of soft tissue reconstruction for chest wall defects.

I believe that the present article helps make a contribution towards more frequent utilization of this flap. This is why I believe that some emphasis should be placed
on the surgical details of the flap elevation and defect coverage, and on the literature recommendations regarding the indications of its use.

The following comments are written roughly in the order of the text flow

-Last two words of the abstract: "Pedicled flap" is preferable

-I would prefer the word "gigantic" be omitted from the case report, "big", or no characterization of the size should be adequate.

-Three dimensions of the size of the tumor describe the size more accurately than the available two (74.23x37.7 mm).

-I assume that the radiology report did not reveal other disease foci and nodal status was negative. I would like to see a comment about this in the patient presentation

-I would like to see some intraoperative images of the flap elevation and coverage of the defect, if they are available. Also, a postoperative photograph of the chest

-Epidural analgesia was employed in the immediate postoperative period" or "postoperatively"

-"No flap infection or wound dehiscence"

-"... and she, or the patient, is well 18 months after..."

- There is specific morbidity attached to the use of the serratus anterior flap, namely winging of the scapula, and this can be prevented with preservation of a small part of the muscle during flap elevation. What was the precise procedure in flap elevation? Does the patient have winging of the scapula?

- Could you please provide the data on survival following the procedure, from the case series you quote (11,12,13)?

-"Reconstruction of the chest wall following radical resection of the sternum is essential". This statement is not entirely true. Different authors have varying opinions. Please read the following and other relevant literature and either withdraw the comment or make a more extensive one.


-"Key of successful therapy in chest wall tumors is early diagnosis and aggressive surgical resection." Please support with reference

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

**Declaration of competing interests:**

I have no competing interest