Reviewer's report

Title: Postpneumonectomy-like Syndrome: A Rare Case with Review of Literature

Version: 2 Date: 15 August 2012

Reviewer: Bharat Ved Prakash

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

Has the case been reported coherently?: No

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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case report though interesting needs revision as important pieces of information are missing.

1- Patient's presentation needs more elaboration. You described that patient was having Shortness of breath for past 6 months. Based on your case description the patient was treated for TB 40 years. Did he have any symptoms during these past 40 years? Was he followed up by anyother physician during all this time? Was there any previous imaging for review? Did he have repeated pulmonary infections in these past 40 years? This would help establish cause and effect.

2- You mentioned that patient's clinical presentation was secondary to Cor pulmonale. Please mention the echocardiographic findings. It is not clear if his
shortness of breath was secondary to cor pulmonale, autopneumonectomy of his right lung or postpnuemonectomy like syndrome.

3- Your case does not describe the findings classicaly seen in Post pneumonectomy/ Post pneumonectomy like syndrome. Did the patient have recurrent pulmonary infections? Did the patient have any stridor? Was there any evidence of tracheal/left main stem bronchus compression secondary to mediastinal shift? If yes, please provide CT images of those findings.

4- You mention in your report at multiple places that Autopnuemonectomy is caused by surgical resection. This certainly is not true considering the fact that surgical pneumonectomy is not a spontaneous process.

5- You mention in your report that its important to promptly recognise and treat endobronchial tuberculosis. The term endobronchial would not be appropriate here since, its primarily the parenchymal infection which would finally lead to destruction of lung tissue and later on would lead to fibrosis. Thus "endobronchial tuberculosis" can be changed to "pulmonary tuberculosis".

6- It is unclear what was the etiology of the patient's acute respiratory distress during his hospital course. Please elaborate.

Thanks.

Quality of written English: Acceptable

Declaration of competing interests:

'I declare that I have no competing interests'