Reviewer's report

Title: Bronchoscopic Retrieval of a Bullet Using a Dormia Basket

Version: 3 Date: 8 May 2014

Reviewer: Vijay Hadda

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?: Yes

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:

Role of flexible bronchoscopy (FOB) in sub-acute setting and among stable patients is well established. However, in emergency situation such gunshot injury and other similar situations its role is evolving. In general rigid bronchoscopy is the standard of care in such circumstances for better management of complications which one may come across while managing such patients. Authors have done a good job and shown that FOB may be useful in some of these patients. However I would suggest that authors should mention expected complication/s while using FOB among such patients and importance of standby rigid bronchoscope, if needed.

Additionally, the manuscript requires some clarification/modifications as given below -

Abstract:

1. “Removal of foreign bodies from the airway is essential in order to avoid complications such as tracheal stenosis, pneumonia, bronchiectasis and bullet
migration.”
I suggest it should be “foreign body migration” instead of “bullet migration”

Introduction
1. “There have been a small number of successful reports describing the management of airway injuries and retained ballistic fragments. 1-4
The sentence is not giving the desired message. Do authors want to state that “There have been a small number of reports describing the successful management of airway injuries and retained ballistic fragments. 1-4”. If so, please rephrase it.

Case presentation
1. In case presentation section, authors should describe that after how much time of injury the patient came to emergency?
2. Initial vital signs were HR 118, BP 144/85, RR 20, Sat 100% on 2L non-rebreather, breath sounds were present bilaterally, and there was no evidence of subcutaneous emphysema.
Expand all abbreviations (HR, RR etc.)
3. “Computer topography (CT) with intravenous contrast showed significant pneumomediastinum extending to the skull base, a bullet lodged within the lower pulmonary segment of the right bronchus, and a luminal irregularity of the distal trachea.”
Please use the accepted terminology for bronchii to describe the actual location of the bullet in the tracheo-broncheal tree.
4. The bullet was visualized within the right bronchus intermedius and lodged within the lower lobe bronchi.
The statement is confusing. Where exactly the bullet was in bronchus intermedius or lower lobe bronchi?
5. An EGD was performed which did not reveal any injury to the esophagus.
Please expand EGD

Discussion
1. The use of flexible bronchoscopy has been documented for removal of foreign bodies secondary to aspiration.6
Correct the sentence “documented”
2. Fulginiti et al describe the removal of a bullet using flexible bronchoscopy and biopsy forceps in a 23 y/o patient in the ICU setting who was mechanically ventilated.
Make “describe” “described”

Figures
1. Figure 1: Chest X-ray showing a bullet within the right mediastinum.
I think the bullet is away from the mediastinum. Can it be written as right para-cardiac?

2. It will be better if you can put some form of pointer/indicator (such as arrow) in the figure 2 to show the findings of CT scan.

3. Figure 3: Bullet seen within the right bronchus during bronchoscopy
Please mention the exact site of the bullet.

Declaration of competing interests:

I declare that I have no competing interests