Reviewer’s report

Title: Decompressive craniectomy without durotomy for traumatic coma and uncontrollable intracranial hypertension

Version: 1 Date: 23 August 2013

Reviewer: Hiroshi Yatsushige

Reviewer’s report:

Major Compulsory Revisions
Miller and Lobel have demonstrated a novel technique of decompressive craniectomy without durotomy for elevated ICP and three illustrative cases. The previous study showed that the dura can be expanded in size from 10% to 30%. So, the authors speculated that decompressive craniectomy without durotomy may allow sufficient brain expansion. Conversely, the inadequate dura expansion may lead to the irreversible central transtentorial herniation. To perform this novel technique safety, it should be emphasized that the close monitoring of ICP and the appropriate installation of ventricular drainage are essential.

The authors said in conclusions of abstract that decompressive craniectomy without durotomy may reduce ICP and yield lower complication, morbidity, and mortality rates than standard decompressive craniectomy with durotomy. This conclusion is clearly exaggerated because this study is the case report of only 3 patients, and moreover, no statistical analysis has done. Decompressive craniectomy with durotomy for same patients may lead to favorable prognosis.

Minor Essential Revisions
If possible, the authors had better to explain Licox bolt. (For example, equipment to monitor pbtO2) In presentation of case 2, “pbt02” may be revised to pbtO2. The authors should spell out “MVC” in presentation of case 3.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests