Reviewer's report

Title: Postoperative remote lung injury and its impact on surgical outcome

Version: 0 Date: 12 Dec 2018

Reviewer: Alberto Fogagnolo

Reviewer's report:

The authors presented a deep narrative review on postoperative remote lung injury. The quality of the manuscript and the review of literature is remarkable. I have some comments for authors. First of all, I would like if a "clinical implication" section could be added. It would be a nice adding to insert a brief resume on "modifiable" and "non-modifiable" risk factors for postoperative remote lung injury to give a clinician some easy advice (in a brief subheading or in a Table). Other comments:

Introduction

- The terms "ALI" has recently loss his international classification. Please avoid its use and discuss only of mild, moderate and severe ARDS (except when referring to study performed before Berlin consensus)

- The reference used from author to identify the risk of TRALI refers to data prior to 2011; from 2011 transfusion policy is changed, in particular referring to plasma units (and plasma from female donors), which are most responsible of TRALI (now considered a very rare syndrome, ~1 case every 100000 RBCs and 1 every 35000 FFP unit). Probably, TACO and TRIM gain more importance in postoperative reduction in lung function. I would delete the phrase "is the leading cause of transfusion related death in recent years" and I would discuss that transfusion can have detrimental effect in lung function with different pathway, such as TRALI, TACO, and perhaps the absence of leukoreduction and the storage lesions (please cite Risbano AJRCCM 2015 https://doi.org/10.1164/rccm.201501-0145OC and Spadaro Transfusion 2017 10.1111/trf.14249 )

- I would add a brief report on the effect of fluids administration. It was shown that cytokine release during surgery can be influenced by the kind of fluid (please cite CA Volta, J Inflamm (Lond). 2013) and amount (please cite ARDSnet, NEJM 2006)

- Page 11 line 38. When discussing the results of PROVHILO trial (ref 67), it has to been kept into account that the individual response to the same protective ventilation strategy
can explain the negative results and the same ventilatory set can results in both protective and non-protective ventilation depending on the patient's response (please cite Spadaro, Anesthesiology 2018)

Figures

All the figures and nice and illustrative. However, I see the figures "blurry" in my pdf file. I do not know if it is an author's guilty, please check the quality of the files

**Quality of written English**

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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