Reviewer's report

Title: Anesthetic Management of Tracheal Laceration from Traumatic Dislocation of The First Rib: a Case Report and Literature of the Review

Version: 0 Date: 06 May 2019

Reviewer: Ayse Baysal

Reviewer's report:

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I read the Case Report on "Anesthetic Management of Tracheal Laceration from Traumatic Dislocation of The First Rib" with interest. I think the case report is well written in general and can be published with appropriate necessary changes and the changes that I would consider includes:

1- Abstract: the sentence : "A 56-year-old man with no significant medical history suffered tracheal laceration secondary to the dislocation of first rib from blunt trauma to the right chest" I would state a 56 year old man with no significant medical history presented with difficulty breathing after a blunt trauma to his chest to the emergency room and was diagnosed with dislocation of the first rib and tracheal laceration after a chest tomography (CT) study.

2- In abstract: "Slow induction of anesthesia while maintaining spontaneous ventilation was performed and a 5.5 mm endotracheal tube was placed under the guidance of flexible bronchoscopy." What do you mean by slow induction anesthesia, in the case report you said general anesthesia, this could have been an awake intubation with local anesthetic infiltration, please explain how you decide to perform general anesthesia and I would omit the word slow induction anesthesia in the abstract.
3- In the abstract: Postoperative period was reported as uneventful, I would be interested in learning about how did the pneumothorax and right chest concussion related pulmonary events resolved. You also stated that patient was discharged on postoperative day 41. Please insert the date of extubation into the abstract.

4- Case Discussion.

1- The preference of general anesthesia versus awake intubation and local anesthetic infiltration needs to be discussed.

2- As far as I understand from the report that the ETT was easy with flexible broncoscopy please provide data regarding how you ventilate throughout the case, what was the mechanical ventilation during the case, how was it postoperatively and when was the extubation.

2- In Discussion part:
I would discuss the placement of ETT into the correct position without causing a persistent pneumothorax and I found this reference:

Other important radiographic findings that are associated with tracheobronchial tears include incorrect location or overdistention of the endotracheal tube (ETT) cuff and a persistent pneumothorax that is unrelieved by appropriate placement of a thoracostomy tube. Degree of confidence

The most specific signs of tracheobronchial tears are of an appropriately placed ETT that clearly extends beyond the expected tracheal lumen and a classic fallen-lung sign. Other signs are less conclusive and usually require bronchoscopic confirmation. Tracheobronchial tears may not be visible if the tracheal mucosa remains intact or is sealed by fibrin.

I think ECMO needs further discussion.

ECMO might be a reliable tool during reconstruction of tracheal lacerations. I think what do you mean needs a better explanation because readers need to know about this option and what needs to be done for this ECMO procedure can be explained in a sentence.
It is not clear if you can not entubate, what are the other options in a difficult airway management? Please place DIFFICULT AIRWAY MANAGEMENT diagram if necessary to explain your steps in dealing with difficult intubation in tracheal injuries.

References:


Thank you. Kind regards,

Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?  
If not, please explain in your comments to the authors.

Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?  
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