Reviewer’s report

Title: Incidental finding of large Pneumothorax on Cardiac Magnetic Resonance scan.

Version: 1 Date: 18 Sep 2017

Reviewer: Lukasz Malek

Reviewer's report:

I read with interest the case report by Andrews et al. In fact I have never seen a pneumothorax on CMR scan during my 10 years career as CMR specialist. I think this is an important case not only in terms of potential incidental extra-cardiac CMR findings, but also as one of the overlooked causes of atypical chest pain in young adults.

I have only two comments:

- I would stress in the discussion the need for real-time assessment of CMR scans. I understand that for the time-saving or economic purposes the scans are probably registered by a technician according to a pre-specified protocol and assessed by a physician thereafter (cardiologist or radiologist). However, on-site physician present during the scan could report this finding right away (and not after 24 hours) and for some other unexpected findings it is possible to order some additional work-up (sequences/views etc.).

- I think that apart from diastolic RV compression there may be also a mild RVOT obstruction during systole. There is no visible jet, but the RVOT tract during systole narrows significantly. If you find it possible I would add this information to the text.

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.

Yes

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

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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