Reviewer’s report

Title: Postpneumonectomy-like syndrome due to bronchial carcinoid: a unique case report

Version: 0 Date: 16 Sep 2018

Reviewer: Udit Chaddha

Reviewer’s report:

General Comments

The authors present an interesting case which they do well to describe clinical details of. However, some issues remain unclear to me, which I have addressed in my comments.

Major Comments

Why does this case represent a post-pneumonectomy "syndrome"? PPS usually involves airway +/- esophageal compression/ narrowing/ stretching from mediastinal shift. In this case there was no compromise of the right sided airways or the esophagus. While some right lung hyperinflation and herniation to the left is seen, this likely did not even produce symptoms as the patient was asymptomatic post-pneumonectomy even though the CT remained unchanged. Please clarify this issue and provide a short explanation in the discussion section for the readers.

Case presentation, 3rd paragraph: For better understanding for the readers, please devote a couple of lines here to elaborate the rationale to proceed with a pneumonectomy rather than a more parenchymal sparing surgery or even bronchoscopic resection (as it was TC), in a patient who is only 25 years old.

Case presentation, 4th paragraph:

* "Spirometry and static lung volumes 12 months after surgery were as follows:..." Also mentioning the pre-operative values (if available) to ensure that she would be a good pneumonectomy candidate would be more informative, in the previous paragraph.

* 6th line: What tumor markers are you "referring to? Please elaborate. ?CgA

* "The patient has been asymptomatic for the last 16 months after surgery..." The line seemed misplaced. Please move to the end of the paragraph.

* Please elaborate on the what exact follow-up was carried out and is planned? E.g. CT at 3-6 months and then annually, and bronchoscopy in x years or earlier if triggered by imaging or symptoms.
Minor Comments

Case presentation, 1st line: delete "of our hospital", add 'ED' in parenthesis after emergency department: "(ED)"

Case presentation, 2nd paragraph, line 1 and 2: Expand CXR - chest x-ray. Expand CT - computerized tomography. (since these two are being used for the first time). Correct the spelling of "tracheobronchial"

Figures

Figure 1a:
delete "initially" and "consolidation"

Line 3: Change 'toward' to 'towards. Delete "hemithorax"

"The lung parenchyma at the level of the left upper hemithorax (white arrow) represents overexpanded right lung herniated into the left upper hemithorax" - I don't think this can be said with confidence based off just the chest x-ray.

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

Unable to assess

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.

No

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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Please indicate the quality of language in the manuscript:
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