Reviewer’s report

Title: Severe thoracic trauma caused left pneumonectomy complicated by right traumatic wet lung, reversed by extracorporeal membrane oxygenation support—a case report

Version: 1 Date: 19 Oct 2018

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?

Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?

N/A - no methodology

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?

N/A - no experiments or analyses

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?

Yes - the author's interpretation is reasonable

OVERALL MANUSCRIPT POTENTIAL - Could an appropriately REVISED version of this work represent a technically sound contribution?

Maybe - with major revisions
PEER REVIEWER COMMENTS:

GENERAL COMMENTS: The authors presented a case report of major thoracic trauma managed successfully with VV ECMO. There are many learning points from this case report. There are however some limitations and further details to the case will strengthen the manuscript.

REQUESTED REVISIONS:

Major comments include:

1. Page 5 Lines 53-57: The authors mentioned anti-inflammatories, antibiotics, sedation and analgesia. More details on these will be useful.

2. More details on ECMO support will be good. For example, given that this is a trauma case, did the authors target conventional anticoagulation targets; did they adjust any targets. What was their strategies on weaning off VV ECMO? How did they assess that the patient was ready to come off ECMO?

3. Another question is whether the authors considered double lumen VV ECMO. Why was this not used in this case?

4. The first paragraph of the discussion section should not be a general discussion on ECMO. It should highlight the unique features of this case report and how it adds to the current literature on this.

5. The discussion section will benefit from a more detailed discussion on "ultra-low tidal volume" during mechanical ventilation. There are studies that examine this strategy and these should be discussed. Eg. Pavot et al. Medicine Baltimore 2017 Oct; Ruemmler R et al. Resuscitation 2018 Nov.

6. Lastly, a discussion on the possible use of HFOV in this setting may be interesting as well.
ADDITIONAL REQUESTS/SUGGESTIONS:

Page 2 Line 60: Change "were" to "are"

Page 3 Line 16: Remove "What's worse"

Page 3 Line 53: Replace "spat up a lot of blood" with "had hemoptysis"

Page 4 Line 42: Change "In admission" to "On admission"

Note: This reviewer report can be downloaded - see attached pdf file.

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.

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

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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