Reviewer's report

Title: A case of lethal spontaneous massive hemothorax in a patient with neurofibromatosis 1

Version: 2 Date: 17 June 2014

Reviewer: Jean-Philippe Berthet

Reviewer's report:

Background: The background should more focus the problem: Spontaneous hemothorax in a patient with an history of meningocele and vasculopathy. The author should underline the specificity of this case comparatively to already published litterature: diagnostic issue? Management issue? Will they give us any new "lesson" to learn?

In this section, please delete the incomplete review of the possible associated lesions in NF1.

Case presentation: Case reports should include only relevant findings from history. Figure 1: To illustrate the mediastinal shift, the black arrows should show the left side of the trachea. Figure 2 should be limited to the upper CTscan view at different time points (At the time of IV contrast injection and delayed).

Description should be more accurate: delay between initial symptoms and admission, delay between admission and diagnostic. Please delete "following hours".

Please explain the reasons for orotracheal (?) intubation: resiratory distress?, hemorrhagic shock?

Please explain the reasons for not performing a thoracic drainage just after the chest x-ray? An increased mediastinal shift had maybe participated in the shock. "thoracic drainage": What drain?, where?, how much blood?

"Emergency exploratory thoracotomy": Antero-lateral approach? Anterior approach? The surgical management should be more accurately described!

"A large hematoma": What is the definition of large? Accuracy please

CRC, TC, FFP…please delete this 3 abreviations

" we proceeded to an open cardiac massage through a median Sternotomy"

You report that the patient underwent in the same operative time an antero-lateral approach to evacuate hemothorax and a median sternotomy to perform an open cardiac massage. Is it correct? Why did you perform a second thoracic approach? The cardiac massage was not possible through exploratory thoracotomy? Why performing a median sternotomy in a patient presenting with a bleeding meningocele located in the posterior mediastinum?
This point is a major issue..please explain

"Despite several sutures and" Suture of what?
"bleeding originated from a vascular abnormality of a thoracic vessel": Which thoracic vessel? What kind of abnormality? The authors did thought the patient had an aneurysm that was non visible on CTscan.

Discussion
The first step of the discussion is a compact abstract of the case and the result of the management. There is absolutely no use in reporting the clinical manifestations of the NF1..in general. The discussion is too long.

You should focus on the issues related to an hemothorax in a patient with NF1. Diagnosis hypothesis - How to make the diagnosis? - When attempting endovascular mangement (embolization)? - Is there a place for VATS in the initial management? - What kind of thoracic approach do you recommend when the patient presented with hemodynamic shock and a posterior large meningocèle (or tumor, neurofibrom..etc) that was suspected to bleed?

1. Is the question posed original, important and well defined?
No.
There is no real new information and we cannot find any clear proposition of management.

2. Are the data sound and well controlled?
More accurate information are required according to our comments.

3. Is the interpretation (discussion and conclusion) well balanced and supported by the data?
The interpretation should discuss the relevance of all the results in an unbiased manner. Interpretation are too general and not focused.

4. Can the writing, organization, tables and figures be improved?
An English native may help.
The authors could modify the figures according to our suggestions

5. When revisions are requested.
Reviewers may recommend revisions for any or all of the following reasons: data need to be added to support the authors' conclusions; better justification is needed for the arguments based on existing data; or the clarity and/or coherence of the paper needs to be improved.

Quality of written English: Needs some language corrections before being published
Declaration of competing interests:

I declare that I have no competing interests