Author's response to reviews

Title: Contralateral reexpansion pulmonary edema with ipsilateral collapsed lung after pleural effusion drainage: a case report

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Version: 2
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Author's response to reviews: see over
Response to reviewers

Reviewer's report 1

Title: Contralateral reexpansion pulmonary edema with ipsilateral collapsed lung after pleural effusion drainage: a case report

Version: 1 Date: 24 January 2015

Reviewer: Hojong Choi

Reviewer's report:

I have not found any critical issues in the case study.

The case study presents a very rare case which had a large amount of malignant pleural effusion so it is very interesting article.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests

Response to reviewer 1

Thanks for your comments. Unlike previous reports in the literature, the present case is unique in that it presents contralateral reexpansion pulmonary edema with ipsilateral collapsed lung. The hypotheses of rapid reexpansion and compressive forces due to severe mediastinal shift by ipsilateral pleural effusion drainage of the collapsed lung and high incidence in the pulmonary disease could be proved in this present case.
Reviewer's report 2

**Title:** Contralateral reexpansion pulmonary edema with ipsilateral collapsed lung after pleural effusion drainage: a case report

**Version:** 1  **Date:** 9 March 2015

**Reviewer:** carlos olivares-torres

**Reviewer's report:**

I reviewed the case report and I think it's a case of complications one after another. I think the neumothorax and the consequent mediastinal shift contributed to the left sided edema that's not an unusual comokucation but it's one that you should avoid. The case is not unusual as the authors claim, and it would be nice to have the initial rx with the pigtail catheter to evaluate the case. Also 10 days to make diagnosis of the malignant pleural effusion to much.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Declaration of competing interests:** No

**Response to reviewer 2:**

Thanks for your comments. I totally agree with you. The case study for reexpansion edema could be not unusual as you comment. However, unlike previous reports in the literature, the present case is unique in that it presents contralateral reexpansion pulmonary edema with ipsilateral collapsed lung, which made the patient very hypoxic and unstable. The hypothesis of mediastinal shift could be more easily demonstrated in this condition as you comment. If ipsilateral lung expanded fully, smaller mediastinal shift might develop and the contralateral reexpansion edema might not develop. In addition, negative suction was applied to expand the collapsed lung and to stabilize the patient in this case. However, the use of negative pressure suction for reexpansion of the ipsilateral collapsed lung with the presence of contralateral reexpansion edema is controversial because it is not known if negative pressure suction could aggravate the ipsilateral, contralateral, or bilateral reexpansion edema.
In our hospital, we usually perform a pigtail catheter drainage for the pleural effusion rather than thoracotomy tube drainage. The initial reaction of the pigtail catheter drainage in this case was poor, because the nature of effusion was thick and sanguineous. The cytology findings for the pleural effusion were suspicious but negative for malignancy. Therefore, we performed a VATS biopsy of the right pleura on the 10th hospital day. It took a somehow long time to diagnose the pleural effusion, because the cytology findings were negative and reexpansion edema developed.