Author’s response to reviews

Title: A New Protocol for Concomitant Needle Aspiration Biopsy and Localization of Solitary Pulmonary Nodules

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Version: 2
Date: 3 July 2015

Author’s response to reviews: see over
< Answer to reviewer’s opinion >

Reviewer’s report (Paola Ciriaco)

No revisions are requested.

: Thank you for your favorable comment.

Reviewer’s report (Kazuya Kondo)

1. I think that there is rare and fatal complications-air embolism-in PCNA. What do think it?

: I agree your opinion that air embolism is a fatal complication. I have not experienced air embolism yet. However, if air embolism occurs in my patient, it will be a terrible thing. Although air embolism occurs rarely in PCNA, I & my companions, radiologist were always careful to prevent air embolism.

2. The authors mentioned that “We have performed preoperative localization if the nodule meets one or more criteria, which are (1) maximum diameter of the nodule 5mm or less, (2) a distance from the outer margin of the nodule to the nearest pleural surface >5 mm, (3) low-density imaging on CT”.

- What is “low-density imaging on CT”?

: I meant that “low-density imaging on CT” was GGO (Ground glass opacity) lesion.

- Does case 20 meet this criterion?

: The preoperative localization criteria were not meet in No. 20 case. But, inclusion criteria of our study (Patients in which PCNA results were less likely to be non-diagnostic and who were anticipating thoracoscopy were eligible to participate in this study.) were meet.

The nodule of No. 20 case was located behind the rib, so diagnosis by PCNA was expected
to fail. Eventually, we failed to make a diagnosis by PCNA and failed to localize it. So, by intra-
operative manual palpitation & VATS, we confirmed that the nodule was “Granuloma”. So, we
included No. 20 case in this study.

- Does the criteria of (1) maximum diameter of the nodule 5mm need? Only one case (case 19) entered to this study according to this criterion.

: Our inclusion criteria in study are different from preoperative localization criteria. Because our
inclusion criteria contain unnecessary localized & PCNA non-diagnostic nodule, our study’s
criteria are thought to be broader than localization criteria.

The localization criteria in manuscript are the preoperative localization criteria we applied in
our patient. We have made localization for nodule preoperatively according to our criteria.

(1) maximum diameter of the nodule 5mm or less, or

(2) a distance from the outer margin of the nodule to the nearest pleural surface >5 mm, or

(3) low-density imaging on CT.

As reviewer 1’s opinion, our criteria cannot be duplicated in all departments yet. We will modify
our criteria through more study.

Thank you for your delicate comment.