Reviewer's report

Title: Collaborative Treatment of Huge Intrathoracic Meningoceles Associated with Neurofibromatosis Type 1: a case report

Version: 5  Date: 22 June 2015

Reviewer: Bing Yen Wang

Reviewer's report:

Dr. Chao described an interesting case with huge intrathoracic meningocele, and the patient was treated with thoracotomy in combination with lumbar puncture and cerebrospinal fluid drainage.

Introduction:
The author described the treatment was CP shunt followed by thoracotomic excision. What is definition of thoracotomy excision? Total excision or partial incision?

Case
1. The quality of figure 2a and 2b was poor.
2. Why is the initial CP shunt fail to drain the intrathoracic meningocele. Dr. Tanaka and Vanhauwaert have described cystoperitoneal shunt to treat patient successfully.
3. The authors have performed posterolateral thoracotomy through 5th intercostal space. Why do the authors perform definite surgical correction of anatomy?
4. Please used arrow to illustrate the figure and made readers to understand what you meant.
5. The author used lumbar puncture to lower post-operative cerebrospinal pressure. Please provide the cerebrospinal pressure change and amount. Was the procedure associated with spinal fluid leakage? I could not understand the cause and effect.
6. Fig 1d was not necessary

Discussion
Definite adequate treatment should be surgical correction of anatomy, not excision of meningocele. The authors must indicate the novelty of their case, or the report should be accepted.

Level of interest: An article of limited interest

Quality of written English: Acceptable
Declaration of competing interests:

I declare that I have no competing interests'