Reviewer's report

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

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Reviewer: Seiichi Kakegawa

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This report describes a very rare case for the treatment of intrathoracic meningocele.

Initially, as they reported, they had put cyst-abdominal cavity shunt, but did not go well. As in the present case, the case where there are a few cysts on one side and it is possible to conduct a general anesthesia may be a good adaptation for a resection surgery. The cyst-abdominal cavity shunt operation we previously reported is considered to be the next best measures for the low lung function case which cannot conduct a general anesthesia.

They approached the operation by thoracotomy, excised the meningocele, and sutured the cyst wall together with the mediastinal pleura. Although I have no experience in surgically excising the intrathoracic meningocele, De Andrade et al., have said that cerebrospinal fluid leakage is most common postoperative complications. In this report, they reportedly attached absorbent cellulose sheets to the resection line, or performed spinal fluid puncture after surgery as a device to prevent leakage postoperative cerebrospinal fluid for reducing the cerebrospinal fluid pressure. To prevent the postoperative cerebrospinal fluid leakage, it may be reasonable to decrease the cerebrospinal fluid pressure. It would not necessarily mean that this treatment is required in all cases, but it might be good to try it for the cases where postoperative cerebrospinal fluid leakage is feared by the intraoperative findings.

Since intrathoracic meningocele is a very rare disease, the treatment experience is valuable and it would be the one that should be shared by everyone.

<Discretionary Revisions>

For the postoperative cerebrospinal fluid puncture, it might have been performed by the initiative of a brain surgeon, I hope that it will be described in more detail. How long a period, and how often a frequency did they perform it? When they punctured, did they measure the cerebrospinal fluid pressure? If they measured it, was it high? On what guideline did they determine the amount of drainage?

For this surgery, another thing we must pay attention would be the long-term recurrence. It is regrettable that no ingenuity and speculation for preventing the recurrence was seen in this report.

Level of interest: An article whose findings are important to those with closely
related research interests

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no significant competing financial, professional or personal interests that might have influenced the performance or presentation of the work described in this manuscript.