Reviewer’s report

Title: Outcome Of Surgical Repair Of Pectus Excavatum in Adults

Version: 0 Date: 05 Apr 2017

Reviewer: Dawn Jaroszewski

Reviewer's report:

The authors present a nice series of open pectus repair performed at 3 separate centers and make and effort to compare 2 age groups. They include in their results adolescents and classify adults as 15 and older versus most who would consider 18 and older adults.

The manuscript has value however needs to be extensively revised:

1) English language editing needs to be performed for multiple grammar and spelling errors

2) Abstract: results section Unclear what is meant by post operative HI showed significant improvement to be mild; Conclusion statement that recurrence low not substantiated by data presented from which long term results not provided

3) Introduction: Extensive discussion as to cause of pectus not relevant to article. Point of article is repair in adults. please discuss this as well as the multiple publications on adult open repairs; the statement that optimal surgical procedure for each patient depends on their ages is not substantiated or discussed. If you wish to make this statement then provide multiple references and discussion.

4) Patient and methodology: Exclusion criteria does not include patients without symptoms but later in manuscript you say these patients are excluded

In discussion of how you perform procedure, there is limited information, especially regarding the older adults which can be extremely difficult to get the pericordium separated from cartilage. In your discussion you review surgical info again and it is confusing and very disjointed.

Length of hospital stay was very long. What is your criteria for discharge that patients are left hospitalized for extended time?

5) Results were separated into 2 cohorts for reporting some information and not other results. Where your 2 cohorts statistically comparable as groups as far as haller index and other demographic factors?
Tables 3-6 are not separated into the 2 age cohorts and should be for better comparison operative information needs to be included in a table along with hospitalization and complications for comparison statistically between the two groups

There is a significant number of patients that still have a haller index over 3 which would indicate incomplete repair and correction. This needs to be discussed as well

There is no long term follow up discussed or information on long term results and durability of repair. Information on patient satisfaction unclear when timing of assessment was.

6) Discussion; this needs to be completely revised. It is too long and contains much information that is irrelevant to article or a repeat from the introduction. Discussion should be concise and organized so that the reader can summarize learning points from the results and how this information compares to and contributes to the literature. This discussion neither contributes to or supports paper

Level of interest
Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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