Author’s response to reviews

Title: Visceral subpleural hematoma of the left diaphragmatic surface following left upper division segmentectomy

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Author’s response to reviews:

October 11, 2017

Prof. Vipin Zamvar
Prof. David Taggart
Editor-in-Chief, Journal of Cardiothoracic Surgery

Dear Profs. Zamvar and Taggart:

Subject: Submission of revised paper JCTS-D-17-00185

Thank you for your email dated 4 October 2017 enclosing the reviewer’s comments. We have carefully reviewed the comments and revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in underline/red/yellow shading.

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.
Sincerely,

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Response to Reviewer 1:

Thank you for your review of our paper. We have answered each of your points below.

We agree that this point requires clarification, and have changed and added the following text to the Discussion (p. 7, lines 132-139): Moreover CT-guided drainage was also difficult. Because we thought that the point of puncture was limited and the insertion of a puncture needle was difficult on account of the cyst with elastic feature. Surgery proved useful as a diagnostic and therapeutic procedure. There may be the other opinion such as the surgical procedure which covers the diaphragmatic surface of the lower lobe with tissue adhesives without running suture after removing the peel of the visceral pleura. However, we thought that a running suture could prevent the visceral pleura peeling off more, and we selected the procedure. There may be the other opinion such as the surgical procedure which covers the diaphragmatic surface of the lower lobe with tissue adhesives without running suture after removing the peel of the visceral pleura. However, we thought that a running suture could prevent the visceral pleura peeling off more, and we selected the procedure.

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Response to Reviewer 2:

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Thank you for your review of our paper. We have answered your point below.

We agree that this point requires clarification, and have added the following text to the Case presentation (p. 5, lines 76-77): Inferior pulmonary ligament was not sectioned.

The original comments of the Referees are as follows.

Report of the First Reviewer -- JCTS-D-17-00185

This is a very attractive case report on a rare post-operative complication, which certainly adds interesting information to the literature. The clinical presentation of this case is very unusual particularly because of the cystic appearance at imaging studies. Small visceral subpleural haematomas can sometimes be observed during surgery in patients with antiplatelet therapy or oral anticoagulation due to superficial lung lacerations without pleural defects. The huge subpleural airspace in the presented case suggests a spontaneous subpleural parenchymal rupture and secondary subpleural bleeding in an anticoagulated patient. The therapeutic approach with initial interventional drainage seems very reasonable and I wonder, why it has not been successful. Surgery of course was the second option and proved to be a good choice. However, I wonder whether it would have been sufficient to just remove the peel of the visceral pleura and simply leave the naked lung surface open without the need of a running suture of the diaphragmatic surface of the lower lobe. Maybe simple sealing of the raw surface with haemostatic fleece would have done the job. Maybe you could add a little comment on that issue. Congratulations to a very attractive case report!

Report of the Second Reviewer -- JCTS-D-17-00185
This is a well written case report about an unusual complication that might occur in Thoracic Surgery. My question is if this hematoma might have been caused by a laceration perhaps sectioning the inferior pulmonary ligament. Would you please clarify if the section of inferior pulmonary ligament could have been one the cause of the hematoma.