Reviewer’s report

Title: Neo-generation of neogenetic bullae after surgery for spontaneous pneumothorax in young adults: A prospective study

Version: 0 Date: 08 Sep 2018

Reviewer: Beatrice Aramini

Reviewer's report:

Dear Author,

Thanks for your manuscript submission.

I have questions and comments for you.

You show a table with 9 patients. Of these, 5 of them show a postoperative recurrence between 36 days and 60 days. I personally do not believe that it is possible to develop recurrence in the first or second postoperative month and call it "recurrence". I believe that it is simply a "surgical failure", not recurrence. In my own experience, we did not get this blebs or bullae along the staple line suture after one month from operation. Also it is not proved biologically that the suture could induce recurrence for the reason that you described in your manuscript. You declare that you perform a gentle pleural abrasion and add a drug. If you cut all the blebs, perform a correct and good pleural abrasion, you do not need to use any drug to improve adhesion and you will not develop recurrence after one month from surgery.

Fig 2 is not clear and blebs are not visible or look very small. You should add one CT figure of blebs before surgery, one after surgery with new blebs, in a clearer picture.

You also use the terms blebs and bulla as they would be same, but definition is very different.

I am agree that patients who develop blebs and SPS have some biological-genetic aspect which could induce that more frequently than in other people, but I do not believe that an history of contralateral PSP is a risk factor to predict postoperative PSP recurrence in VATS young patients, especially after one or two months after surgery. Nobody demonstrated that and described it until now. Also which could be the pathophysiologic mechanism to justify a contralateral problem regarding pneumothorax recurrence VATS surgery on the other side?
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An article of limited interest

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