Reviewer's report

Title: Hybrid Bronchoscopic and Surgical Resection of Endotracheal Angiomatoid Fibrous Histiocytoma

Version: 0 Date: 14 Jan 2019

Reviewer: Gregor Kocher

Reviewer's report:

Indeed an interesting and rare case report.

Major revisions:

One very important point is missing:

-What was the exact location of the tumor - e.g. distal end of the tumor how many centimeters from the carina?

From what we can see from the CT-scan the tumor is located right where the manubrium starts - right at the jugulum - so with reclination of the head this location is well accessible using a cervical approach (and only hardly accessible from a thoracotomy).

This also means that the tumor was not located in the 'distal trachea', rather one should say 'at the transition from the cervical to the thoracic part of the trachea'.. or 'in the middle part of the trachea'.

Again, based on this 'assumption' of the tumors location (no offense, but this is what the reader can see from the CT-scans), most surgeons would choose a cervical approach for resection...

Based on the abovementioned discussion the case presentation should be adapted accordingly:

The term 'distal tracheal resection' seems not appropriate, nor should the described cervical approach be compared with a thoracotomy. Rather emphasis can be made on the fact that the authors did not need to do a manubriotomy for the exposure/resection of the lesion.

Minor points:

-How was the anastomosis made - which thread (Vicryl, PDS..)? - interrupted and/or running sutures?
-There is no ruler next to the specimen (Figure 1 F) which makes it hard for the reader to estimate the size of tumor and specimen, nevertheless you describe the tumor size being 15mm in the text. If you have a pic of the specimen with ruler, then please use that one (if same quality).

In summary an interesting and rare case, well written (apart from the abovementioned issues) and therefore clearly suitable for publication once the relevant revisions have been made.

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