Reviewer's report

Title: Tracheotomy-coblation for acquired subglottic tracheal stenosis: a case report

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Reviewer: Federico Rea

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1) Usually, tracheal atresia is referred to as a congenital condition characterized by a complete absence of the trachea below the larynx and it is also known as aplasia or agenesis (Windsor A, Clemmens C, Jacobs IN. Rare Upper Airway Anomalies. Paediatr Respir Rev 2016; 17:24). It is more appropriate to define this acquired postintubation pathology as "tracheal stenosis"; in this case complete stenosis or obstruction.

2) Written English needs extensive revisiting; besides some minor spelling mistakes, the content of the manuscript is not clear regarding the following points:

- Page 1, line 34: what do the authors mean by "tracheal intervention"? It is rather vague.
- Page 2, line 21: "endotracheal intubation was performed" Given the presence of an airway obstruction, how was the patient intubated? By means of a tracheostomy? This information is important
- Page 2, lines 39-42: "the tracheal catheter was replaced by tracheal intubation under general anesthesia". Again, the information regarding ventilation management is not clear; was there a switch between orotracheal intubation and tracheostomy? Or simply the tracheostomy tube was substituted?
- Page 3, line 6: "The tracheal intubation via the mouth was implemented for ventilation.." How could orotracheal intubation be performed with a T-tube in place? Was a small-diameter tube positioned inside the main branch of the T-tube?

3) Page 3, line 50: "traditional surgical resection and anastomosis would cause great operation injury". I don't agree with that; cervical tracheal resection and anastomosis is technically demanding but, if performed correctly, morbidity and mortality are low. The concerns about the length of the resection, however, are correct.
4) Overall, the reason why this paper is relevant is not clearly stated. Although coblation is a relatively recent technology, other case series deal with its use for tracheal pathology in adults (Chan CL, et al. Surgical management of airway stenosis by radiofrequency coblation. J Laryngol Otol. 2015 Jan;129 Suppl 1:S21-6.) and in children (Fastenberg JH, et al. Coblation-assisted management of pediatric airway stenosis. Int J Pediatr Otorhinolaryngol. 2016 Aug;87:213-8.). Moreover, Kitsko DJ, et al. described the use of coblation through the tracheal stoma (Kitsko J, et al. Coblation removal of large suprastomal tracheal granulomas. Laryngoscope. 2009 Feb;119(2):387-9). I suggest to add these papers to the discussion.

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**Quality of written English**

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Not suitable for publication unless extensively edited

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