Reviewer's report

Title: Subpleural multilevel intercostal continuous analgesia after thoracoscopic pulmonary resection: a pilot study

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Reviewer: Giuseppe Marulli

Reviewer's report:

The authors report the results of a pilot study on a small sample of patients submitted to lung resection by VATS comparing the outcome in terms of pain score and satisfaction of two different tools: epidural analgesia vs subpleural continuous analgesia. The authors didn't find significant differences between the two approaches concluding that the SCA is feasible and safe. The paper suffers of several biases, not all addressed in the discussion:

- The study is not randomized, TEA group is a retrospective group. Despite not significant differences in most of parameters included in the two groups, it is evident that the two groups are not perfectly comparable in terms of number of ports, type of resection, type of postoperative complications.

- The SCA group showed an increased use of opioids in the firsts two postop days. The authors state that this increasing dosage was uneventful however in my opinion the small sample of patients is unable to reach any significance.

-It is unclear what are the benefits of this approach compared to others, in particular in VATS approach the TEA is now underused in favor of other approaches (paravertebral catheter, intercostal nerves blocks...), probably the control group should be another than TEA.

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