Author’s response to reviews

Title: Thoracoscopic partial lung resection following pneumonectomy: A report of three cases

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Response to Reviewer #1


Response to Reviewer #2

My major comments

1) We have added the following sentences: “The patients were diagnosed with oligometastasis because they were found to have a retrospectively increased single nodule and no other lesions in the preoperative study, including [18F]-fluorodeoxyglucose positron emission tomography.” and “The patient was diagnosed with oligometastasis because she was found to have a retrospectively increased single nodule and no other lesions on computed CT scans. The tumor was excised, and bullectomy was performed immediately.”

2) Our ventilation technique eliminated the need for extracorporeal cardiopulmonary support to allow
rapid ventilatory restoration.

3) We have added the following sentence: “Despite artificial ventilation of the other lobes in the same period, the operative field was maintained to allow the lung to collapse.”

minor comment.

4) As per reviewer’s suggestion, “selective double ventilation of the right middle lobes” has been revised to “selective double ventilation of the right upper and lower lobes.”

Response to Reviewer #3
One characteristic of our report is the use of different ventilation techniques depending on the location of the lesion when performing partial lung resection during thoracoscopic surgery.

Response to Reviewer #4
1) We have added the following sentences: “The ACCP guidelines of 2013 recommend that in patients with contralateral lobe nodule, evaluation of extrathoracic metastases and invasive evaluation to rule out mediastinal node involvement should be performed; furthermore, they recommend resection of each lesion.”

2) We have added the following sentences: “The patients were diagnosed with oligometastasis because they were found to have a retrospectively increased single nodule and no other lesions in the preoperative study, including [18F]-fluorodeoxyglucose positron emission tomography.” and “The patient was diagnosed with oligometastasis because she was found to have a retrospectively increased single nodule and no other lesions on computed tomography scans. The tumor was excised and bullectomy was performed immediately.” were added.

3) The perfusion of the single lung was not examined.