Reviewer’s report

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

Version: 0 Date: 04 Aug 2019

Reviewer: masashi mikubo

Reviewer's report:

The authors present three cases of thoracoscopic partial lung resection after a contralateral pneumonectomy and ventilation technique according to the tumor localization during surgery. This manuscript is well written and will be helpful information for clinicians. I appreciate the opportunity to review this manuscript.

My major comments are as follows.
1) When a metachronous lung tumor after a contralateral pneumonectomy is located in the deep part of lung segment, the surgical indication is a worrisome problem. Selecting surgical treatment is sometime challenging and we need to thoughtfully consider pulmonary function, patient's prognosis, the extent of resection and surgical margin so on. Authors should describe why they decided to perform the surgery: their strategy or surgical indication for tumors such as their case 3 in more detail. This information will be helpful for surgeons.

2) In reference to above my comment, respiratory management during surgery after a contralateral pneumonectomy is also challenging and it involves risk. Did authors require any particular preoperative preparations such as standby of an extracorporeal cardiopulmonary support like previous reports?

3) In case 3, they performed lung resection while collapsing the right middle lobe using a bronchial blocker. How did authors ventilate other lobes in the same period, that is whether they required intermittent manual ventilation like case 1 and 2?

Here is the minor comment.
4) P5, line 94: It should be "selective double ventilation of the right upper and lower lobes" instead of "selective double ventilation of the right middle lobes".

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