Author’s response to reviews

Title: Atraumatic bleeding of the subclavian artery 20 years after surgical treatment of pneumothorax

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To the Editor-in-Chief, Journal of Cardiothoracic Surgery

Thank you for giving us the opportunity to submit a revised version of our manuscript entitled, “Atraumatic bleeding of the subclavian artery 20 years after surgical treatment of pneumothorax”. We have prepared response to reviewer’s comments and suggestions providing detailed answers and explanations.

Your consideration of our work is greatly appreciated.

Dear Reviewer #1,

Thank you very much for kind suggestions and comments and for giving us the opportunity to submit a revised manuscript. We have attempted to answer your questions in a detailed manner and revise our manuscript accordingly. Your consideration of our work is greatly appreciated.

1. The abstract needs to be rewritten. Background is too short in comparison with the case presentation which is excessively long.

Reply: Thank you for pointing it out. We corrected abstract.

2. Page 4, line 33. The sentence "The patient survived by percutaneous placement of stent grafts" should be removed. The end of the story should not be included at the beginning of the book.

Reply: Thank you for pointing it out. We removed the sentence.
3. Page 4, line 52. which kind of surgery was performed (bullectomy, type of pleurodesis, approach etc). Please include more specific information about it.

Reply: Thank you very much. We changed the sentence as below.

Before: He had undergone pneumothorax surgery 20 years previously

After: He had undergone VATS bullectomy for pneumothorax 20 years previously and the period of post-operative chest tube drainage had been long because of refractory air leakage. Plueodesis had not been performed.

4. Page 4, line 55. It is really strange to confuse sulcus lung tumor with bleeding. What about clinical status, lab tests, radiological findings etc

Reply: Because his vital sign was likely normal in initial visit in another hospital, it seems that he was judged to go home. Probably, the doctor in another hospital is not the respiratory specialist, and tumor was misidentified as malignant tumor. We changed and removed the sentences as below in Page 4-5.

Before: Chest computed tomography showed a giant tumor in the apex of the lung and staple line of the pneumothorax surgery, and a superior sulcus lung tumor was suspected.

After: Chest computed tomography showed a giant tumor in the apex of the lung and staple line of the pneumothorax surgery, however, he came home because his vital sign was stable.

5. Page 5, line 11 and 13. Please change "thoracic cavity" by "pleural cavity"

Reply: Thank you for pointing it out. We changed as you pointed out.

6. Discussion is mainly focused on different options for treatment. However the key point of this clinical case is to hypothesize possible causes and mechanisms of subclavian artery bleeding in a patient with history of pneumothorax surgery.

Reply: Thank you for pointing it out. We added these sentences in Discussion in Page 7.

In this case, the period of post-operative chest tube drainage had been long because of refractory air leakage after bullectomy. The collateral circulation from the subclavian artery could have developed because of post-pneumothorax inflammation, eventually rupturing and bleeding into the extrapleural space.

It is unclear how often like this fatal bleeding will happen in patient who had performed pneumothorax surgery or pleurodesis, however, the possibility of like this bleeding should be considered.

Dear Reviewer #2
Thank you very much for kind suggestions and comments and for giving us the opportunity to submit a revised manuscript. We have attempted to answer your questions in a detailed manner and revise our manuscript accordingly. Your consideration of our work is greatly appreciated.

1. The case does not describe the nature of the initial pneumothorax procedure performed as this is very important. In the setting of blebectomy and pleurectomy, substantial parietal wall trauma could have taken place at the initial operation at level of the subclavian artery.

Reply: Thank you for pointing it out. We added and changed these sentences as below in Page 4. Because bullectomy was performed 20 years ago, details were unknown. As you say, the possibility of substantial parietal wall trauma at the initial operation could not be denied, however, we considered that post-operative refractory air leakage occurred inflammation and collateral artery was developed.

He had undergone VATS bullectomy for pneumothorax 20 years previously and the period of post-operative chest tube drainage had been long because of refractory air leakage. Pleuodesis had not been performed.