Reviewer’s report

Title: Two cases of granuloma mimicking local recurrence after pulmonary segmentectomy

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Reviewer: Emmanouil Kapetanakis

Reviewer's report:

Dear Professor Zamvar and authors,

It was my pleasure to review this case report manuscript submitted by Dr. Okazaki and his colleagues from the Center of Chest Medicine and Surgery at Ehime University of Japan in which they present two patients which developed granulomas at the sites of their previous resections for malignancy and which due to false positive findings in the PET CT scans and in CEA underwent quite laborious and challenging repeat resections. I apologize to you and the authors for the small delay in returning my review.

The manuscript is well presented and structured, with relatively good English but it does require some minor expression, tense and language correction by a native speaker or a professional editing service. The patient presentations are good and the images supplied are adequate, although maybe the extensive histology is not needed.

That having been said, this reviewer fails to see the educational and clinical value of this report. I am sorry to say this but what the authors report is not novel and in contrast it is quite common. We know that polyglycolic acid (PGA) is a material that often can cause granulomas and we see it often occurring with PGA sutures.

Similar occurrences post thoracic surgery have been reported in the literature: Mustafa Yüksel, Asli Gül Akgül, Serdar Evman, Hasan Feyzi Batirel, Suture and stapler granulomas: a word of caution, European Journal of Cardio-Thoracic Surgery, Volume 31, Issue 3, March 2007, Pages 563-565, https://doi.org/10.1016/j.ejcts.2006.11.056. Maybe, it is not as common/has not been reported with PGA sheets but the technique described by the authors (covering the resected surface and also applying fibrin glue) can be considered predisposing to granuloma development.

Therefore, I am reluctant to recommend acceptance of this work as I am unsure of its educational and teaching value! Reviewing the included scan images and from the presented history I feel most surgeons would come to the same conclusion the authors did and would go ahead with a second resection in these patients. Maybe, in the first case a CT-guided FNB could have been performed, but that is not true for the second case. If it was, I am sure it would have saved the authors a lot of grief and fretful moments!

Thank you for giving me the opportunity to review this work and good luck to the authors.
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