Reviewer’s report

Title: Life-threatening pleural haemorrhage following intrapleural enzyme therapy and successful treatment with fibrin-thrombin sealant pleurodesis: a case report

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Reviewer: Federico Tacconi

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The authors report on a "difficult to manage" hemorrhage occurring early after intrapleural fibrinolytics administration.

The case is well written and interesting for those surgeons/interventional pneumologists who employ fibrinolytics for pleural empyema.

However, IMHO, no element of novelty is provided here. Indeed despite the incidence of this complication is quite low, it has been previously reported. Massive hemothorax without a frank bleeding source - regardless of causative mechanism - is something a thoracic surgeon will deal with, before or late in his/her career. In this cases, one tries to stop the surface bleeding with every available tool, including sealants, diathermy, argon-beam coagulator, tranexamic acid, and so on. The authors had a good idea to use a fibrin-thrombin sealant, but - let me say - many other surgeons did the same under similar circumstances.

Minor comments:

The introduction section is too long for a case report, IMHO.

If I understand well, intrapleural blood collection occurred despite the presence of a drainage tube, and there was a blood spillover a the beginning. Did the drainage become obstructed? Or there was a kinking?

Level of interest

Please indicate how interesting you found the manuscript:

An article of limited interest

Quality of written English

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Acceptable

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