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: Dimitrios Kyparissopoulos

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I have serious concerns about the bottomline of this article. I appreciate that every parapneumonic collection should be initially treated conservatively. When antibiotics fail, then a drain insertion should be the next step. So far so good. But if problems persist, on an independent patient with good PS and not significant comorbidities, a surgical approach (VATS preferably) is the gold standard. Instead you decided to treat patient with fibrinolytic enzyme, although it is controversial and according to the paper in New England Journal of Medicine submitted by Oxford team, there is no significant benefit! On top of that, the biggest mistake, was that you decided to treat with fibrinolytic enzyme a patient on anticoagulation therapy, which is an absolute contraindication!! Subsequently patient started to bleed as a result of your decision and even the attempted thoracotomy failed to control bleeding. Then you applied this fibrin-thrombin sealant spray which seemed to have worked. Even if it has, it is awkward to claim you have saved patients life after you put it at risk... I am not saying that treatment with fibrin-thrombin sealant spray is wrong or isn't a revolutionary way of treating excessive bleeding. I would be more than happy to support this but in absence of any controversial medical practise or suspicion of medical negligence.

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