Reviewer’s report

Title: Resuscitative endovascular balloon occlusion of the aorta may increase the bleeding of minor thoracic injury in severe multiple trauma patients: A case report

Version: 0 Date: 31 Jul 2017

Reviewer: Pavel Michalek

Reviewer's report:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

No ethical concerns, ethical approval was obtained, the patient provided informed consent for publication of this case report.

3. Does the Introduction explain the relevance of the case to the medical literature?

Not completely

There is only one reference in the Introduction section related to the relevance of this article.

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including: Yes

   - De-identified demographic information (age, gender, ethnicity) - yes, partially - the ethnicity is not provided.
- Main symptoms of the patient – ye
- Medical, family and psychosocial history - not provided
- Relevant past interventions and their outcomes - not applicable

b. The relevant physical examination findings
- some of them reported, CRT not reported = the authors report that the patient "was in a state of shock" based on feeble radial artery pulsation and cold sweat in the extremities?
- the authors do not report if any ultrasound examination was performed during the initial examination - FAST, eFAST?, they do not report what was their decision to insert a chest drain based on. Side of the chest drain insertion is not provided.

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
- exact timeline of the case in not provided

d. Diagnostic assessments, including:
- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

Ultrasound examination during the initial phase is not reported or this was omitted.

e. Types and mechanism of intervention

The authors speculate that REBOA could cause massive left-sided haemothorax but this was not confirmed, more probable cause of injury is laceration of intercostal or other intrathoracic vessel caused by the primary injury.
f. A summary of the clinical course of all follow-up visits

Comments:

The description of clinical course of the case is incomplete. Timeline is missing.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:

It is not. Suggestion of the authors that REBOA caused the injury and subsequent haemothorax is a mere speculation.

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments:

abstract is representative but too extensive.

8. Does the case represent a useful contribution to the medical literature?

Comments:

No. The authors speculate that increase in the pressure within the aorta above the clamp may increase the blood loss from the upper part of the body.

This fact is well known from any cases of thoracic aortic surgery with a cross-clamp placed on the upper abdominal or descending aorta.
9. Additional comments for the author(s)?

- the upper limit for blood pressure during the case (160 mmHg) seems to be very high. General recommendations say 90-100 mmHg of systolic blood pressure during persistent bleeding.

- massive bleeding into the pleural cavity could be caused also by a damage to the intercostal vessels during chest drain insertion.

**Level of interest**
Please indicate how interesting you found the manuscript:

An article of limited interest

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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Please complete a declaration of competing interests, considering the following questions:

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