**Author’s response to reviews**

**Title:** Indocyanine green fluorescence-guided thoracoscopic pulmonary resection for intralobar pulmonary sequestration: a case report

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**Author’s response to reviews:**

Reviewer reports:

Reviewer #1: 1. Do you believe the case report is authentic?

Comments:

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:

Yes. We write IRB number at “Ethics approval and consent to participate” section.
3. Does the Introduction explain the relevance of the case to the medical literature?

Comments:
Yes

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

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)

Comments:
We write at Case presentation section.

- Main symptoms of the patient

Comments:
We write at Case presentation section.

- Medical, family and psychosocial history

Comments:
We write at Case presentation section.

- Relevant past interventions and their outcomes

Comments:
We write at Case presentation section.

b. The relevant physical examination findings

Comments:
We write at Case presentation section.
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.

Comments:
We write at Case presentation section.

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

Comments:
We diagnosed with PryceIII intralobar sequestration by CT.
We have written at Case presentation section.

e. Types and mechanism of intervention

Comments:
We performed surgical procedure.
We have written at Case presentation section.

f. A summary of the clinical course of all follow-up visits

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

Comments:

We have thought so

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.

Comments:

Yes.

7. Is the Abstract representative of the case presented?

Comments:

Yes.

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

Comments:

Yes.

9. Additional comments for the author(s)?

Comments:

No.
Hello

I think this is a good technique to overcome the problems of ventilation and its misdeeds during thoracoscopy; the treatment of sequestration involves the ligation of the aberrant artery and the removal of the sequestered lung; when the segment reached is intralobal the target may be difficult to recognize.

However; two remarks that I raised during my reading of this article the location of the trocar during thoracoscopy; the description relates the intercostal space without specified if it is anterior or lateral.

The green fluorescent indocyanine technique is not well described in the case presentation section; the publication itself is very short, although the subject is interesting; to add value to this interesting work; it is also necessary to make a good discussion by referring to similar published cases and conclusions drawn

Comments:
We added the sentences at Discussion section.

Reviewer #2: 1. Do you believe the case report is authentic?

Comments:
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:
Yes. We write IRB number at “Ethics approval and consent to participate” section.
3. Does the Introduction explain the relevance of the case to the medical literature?

Comments:

Yes.

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

a. The relevant patient information, including:

- De-identified demographic information (age, gender, ethnicity)
- Main symptoms of the patient
- Medical, family and psychosocial history
- Relevant past interventions and their outcomes

Comments:

We write at Case presentation section.

- Main symptoms of the patient

Comments:

We write at Case presentation section.

- Medical, family and psychosocial history

Comments:

We write at Case presentation section.

- Relevant past interventions and their outcomes

Comments:

We write at Case presentation section.
b. The relevant physical examination findings:
Comments:
We write at Case presentation section.

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.
Comments:
We write at Case presentation section.

d. Diagnostic assessments, including:
- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable yes
Comments:
We diagnosed with PryceIII intralobar sequestration by CT.
We have written at Case presentation section.

e. Types and mechanism of intervention:
Comments:
We performed surgical procedure.
We have written at Case presentation section.
f. A summary of the clinical course of all follow-up visits:

Comments:

Yes

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

Comments:

We have thought so

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.

Comments:

Yes.

7. Is the Abstract representative of the case presented?

Comments:

Yes.

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

Comments:

Yes.
The article is in accordance with newest technology in demarkating live and dead tissue. However, the case is not well described, especially the clinical features. And the discussion section is very short. The figure of NIR seems to be separate from the normal view. We would need the same picture in Normal and NIR view. Also spelling price vs pryce please check.

Comments:
We added the sentences at Discussion section. The figure of NIR is same form as the normal view.
“Pryce” is right.

The article need extensive revision. Authors can look up to the references that they have mentioned.

Comments:
We revised our manuscript.