Author’s response to reviews

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

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Response to Reviewer

More information is needed:

The case report should include past medical, social, environmental, obstetrical, family and employment history.

I added the sentence.

“A 42-year-old Japanese woman was detected abnormal shadow by medical checkup X-ray, and was admitted to our hospital. She had no symptoms and had no medical and family history.”

What medications was the patient on prior to diagnosis? Did the patient smoke, and/or consume alcohol?

I added the sentence

Because she was detected by medical checkup X-ray and had no symptom, medication was not administered.

“She was never smoker and occasional drinking.”
Give detailed physical and neurological examination on admission. What was the temperature, pulse, blood pressure and temperature, on admission?

I added the sentence

“Blood pressure was 112/60 mmHg, pulse was 72 beat per minute, and body temperature was 36.4 degrees Celsius. She had no significant abnormal findings on physical and neurological examination.”

Give antibiotics given before and after surgery with duration and dose.

Give all results of laboratory findings (i.e. CBC, liver and renal functions), urinalysis, serology, microbiology etc) How were cultures collected, transported and cultivated for aerobic, anaerobic bacteria, and fungi? Were blood culture obtained?

I added the sentence.

Blood culture test was not performed.

“Cefazolin sodium at 2g/day was administered into the peripheral vein for 2 days after surgery, and laboratory findings were within normal limit. Any bacteria or fungi were not cultured by microbiological analysis of lung tissue.”

Give information about follow-up for at least 6 months.

I added the sentence.

“This patient has shown no complications in the one year since surgery.”

Discussion – add a paragraph at the beginning of the Discussion that summarizes the case and describes what is unique in this case compared to what is available in the literature.

I added the sentence.

This report shows the safety and utility of ICG fluorescence-guided thoracoscopic pulmonary resection for intralobar pulmonary sequestration. Although several studies have reported the utility of identifying the segmental line using NIR fluorescence imaging with ICG [3-13], there are few reports that ICG was used for identification of demarcation line of intralobar pulmonary sequestration [11].
The discussion is superficial and short, and should include reviewing current management protocols and other reports on this issue.

I added the sentence.

“Management of the asymptomatic pulmonary sequestration is controversial. Although surgical resection of pulmonary sequestration has been recommended because of the likelihood of recurrent infection and the possibility of hemorrhage, lobectomy is often required [14]. Although thoracotomy has conventionally been required for resection of pulmonary sequestration, VATS has been increasingly frequently performed [15].”

The Conclusion section should include the lessons learned from the presented case.

I change the conclusions/

“NIR fluorescence imaging with ICG was safe and useful for the identification of the boundary for wedge resection of pulmonary sequestration. Low-dose ICG might achieve a sufficient for identification of the segmental line while still avoiding anaphylactic shock. Segmentectomy and wedge resection for small pulmonary sequestration using NIR fluorescence imaging with ICG might become a standard surgical procedure.”