Reviewer's report

Title: Isolated Congenital Inter-costal Pulmonary Hernia (ICIPH): A case report

Version: 0 Date: 13 Feb 2019

Reviewer: E E Detorakis

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: I have no ethical concerns about this article

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

   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) YES
      - Main symptoms of the patient YES
      - Medical, family and psychosocial history YES
      - Relevant past interventions and their outcomes YES

   b. The relevant physical examination findings
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.

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

e. Types and mechanism of intervention YES

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

Comments:

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

Comments: YES

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:

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

Comments: YES IT IS A RARE CASE DIFFICULT TO FIND IN LITERATURE
This is a very interesting and rare topic, hard to find in literature.

Overall it is well structured but the English language needs in some points to be revised, such as:

Line 5: The congenital forms are typically polymalformation of the rib cage [1, 5]; Maybe you mean: are typically linked to polymarformation, or due to, or related to

Line 17: This will be written with the aim to share our insight... Not sure if the tense (will) and the sentence structure is correct!

Line 22: The therapeutic method adopted was a first ??

Line 39: The swelling paradoxically increases during expiration. Not correct tense! The swelling WAS increasing!

Line 49: There is no known family tare

Line 52 - 59: was, was, was !! Why repeated so often!!

Discussion: As in case report text there are so many short sentences, that sometimes seem like a telegram! There is no smooth structure of the English language, even though the information provided seem to be complete. ie : This indication is a first (??) in the literature for the treatment of this congenital form. This reported case is unique- You have to combine these two sentences together in one.

- But, there is a risk for the mass to become bigger with time as seen with our patient [2]. - change mass possibly to lump

- all inter-costal hernia should be treated surgically - hernias! not hernia [7]. A continuous growth of the hernia size is also an argument for surgical treatment with the aim to prevent an eventual trauma of herniated lung or hernia or to prevent ischemia [1, 6]. -- not correctly structured sentence!
The treatment by thoracoscopy of the inter-costal hernia has been described by Bossche in 1999 [16]; and used for the first time with the child to treat a post-traumatic inter-costal hernia [2]. ----

- We agree with other authors that in large pulmonary hernia (change to hernias) with or no symptoms, the complication (change possibly to complications) of not treating are greater than complication from treatment [6]. change to hernias.

Conclusion

- We have reported the 2nd case in the literature -- why have reported? we report, present tense! Then you continue with a mix of tenses!

- The diagnosis is made clinically. - was made clinically

The above are just some corrections/suggestions

Also:

Change inter-costal to intercostal lung hernia!

A higher resolution chest x-ray is requested and you may also include an arrow indicating the pathology!

What about a post-treatment chest x-ray?

What about picture a pre-treatment picture of the child (eyes covered) indicating the tumefaction?

Level of interest

Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

Quality of written English

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
Declaration of competing interests

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

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Were you mentored through this peer review?

No