

Resti Yudhawati <resti.yudhawati2021@gmail.com>
To: restiyudhawati@gmail.com, nisya.hapsari@yahoo.com

Fri, Nov 26, 2021 at 5:13 AM

----- Forwarded message -----

Dari: **International Journal of Surgery Case Reports** <em@editorialmanager.com>
Date: Sab, 5 Jun 2021 pukul 06.04
Subject: Submission Confirmation
To: Resti Yudhawati <resti.yudhawati2021@gmail.com>

Dear Resti,

We have received your article "Bilateral Primary Spontaneous Pneumothorax with Multiple Bleb Performed by VATS and Wedge Resection: A Rare Case in Indonesian Adult and Review Article" for consideration for publication in International Journal of Surgery Case Reports.

Your manuscript will be given a reference number once an editor has been assigned.

To track the status of your paper, please do the following:

1. Go to this URL: <https://www.editorialmanager.com/ijscasereports/>
2. Your username is: resti.yudhawati2021@gmail.com
If you need to retrieve password details, please go to: <https://www.editorialmanager.com/ijscasereports/l.asp?i=496076&l=GKPPY0YN>.
3. Click [Author Login]
This takes you to the Author Main Menu.
4. Click [Submissions Being Processed]

Thank you for submitting your work to this journal.

Kind regards,

Editorial Manager
International Journal of Surgery Case Reports

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Resti Yudhawati <resti.yudhawati2021@gmail.com>
To: restiyudhawati@gmail.com, nisya.hapsari@yahoo.com

Fri, Nov 26, 2021 at 5:15 AM

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Dari: **International Journal of Surgery Case Reports** <em@editorialmanager.com>
Date: Sen, 28 Jun 2021 pukul 17.38
Subject: Your submission
To: Resti Yudhawati <resti.yudhawati2021@gmail.com>

Ms. Ref. No.: IJSCASEREPORTS-D-21-00782
Title: Bilateral Primary Spontaneous Pneumothorax with Multiple Bleb Performed by VATS and Wedge Resection: A Rare Case in Indonesian Adult and Review Article
International Journal of Surgery Case Reports

Dear Mrs Yudhawati,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, we would be pleased to reconsider our decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript.

To submit a revision, please go to <https://www.editorialmanager.com/ijscasereports/> and login as an Author.

Your username is: resti.yudhawati2021@gmail.com
<https://www.editorialmanager.com/ijscasereports/l.asp?i=507542&l=L7SRH7P7>

On your Main Menu page is a folder entitled "Submissions Needing Revision". You will find your submission record there.

Finally, we would appreciate if you could submit your revised paper by Jul 08, 2021.

Yours sincerely,

The Editors
International Journal of Surgery Case Reports

Have you considered publishing a protocol for your next study? You can now publish your study protocol with IJS Protocols, our pioneering new journal for surgical protocols, visit <http://www.ijsprotocols.com> for more details.

Reviewers' comments:

Assistant Managing Editor

Please can you make the following changes/checks:

1. Please ensure your case report is compliant with the SCARE Guidelines 2020: <http://www.scareguideline.com> and submit a completed SCARE 2020 checklist.

Please pay particular attention to the following criteria which are often missed:

- Who performed the procedure? (item 9d)

- patient perspective (item 12)
- Drug history, family history including any relevant genetic information, and psychosocial history (item 5d)
- Where relevant - intervention adherence and tolerability (item 10c)
- Post-intervention considerations (item 9f)

2. Please also ensure you state that the work has been reported in line with the SCARE 2020 criteria:

Agha RA, Franchi T, Sohrabi C, Mathew G, for the SCARE Group. The SCARE 2020 Guideline: Updating Consensus Surgical Case Report (SCARE) Guidelines, International Journal of Surgery 2020;84:226-230.

3. Please cite the SCARE 2020 paper above in your text in the methods section and add the reference to your references section.

4. Please ensure you submit a structured abstract with sub-headings as follows:
Introduction and importance, Case presentation, clinical Discussion, Conclusion

5. Can you also please ensure you go through the entire manuscript and check the spelling, grammar and syntax and ensure the language is concise. If you need our author support services, you can access them here:
<https://www.ijspg.com/services/author-support>

6. Please be very clear about what this adds to the existing literature and clearly detail learning points.

7. Please ensure you submit your work with a Research Registry unique identifying number (UIN) if its first in man i.e. the first time a new device or surgical technique is performed: www.researchregistry.com – it can't progress without being registered. Please ensure you also state your registration UIN in your methods section and reference it including a hyperlink to it if registration is appropriate.

8. If you haven't already, please include your "highlights" which are 3-5 bullet points summarising the novel aspects and/or learning points (maximum 85 characters, including spaces, per bullet point).

9. The consent statement in the author form is not suitable. We need a statement like this:

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

Please see consent section in instructions to authors for further information.

10. Please ensure any images/figures/photos are suitably anonymised with no patient information or means of identifying the patient.

11. Please add a Guarantor on the Author form, if you haven't already.

The guarantor is that individual who accepts full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish.

12. Please add the following statement above references:

Provenance and peer review

Not commissioned, externally peer-reviewed

13. Above references, please state the following headings with your response (if something doesn't apply, say N/a or none or none declared):

- conflicts of interest
- sources of funding
- ethical approval
- consent
- author contribution
- research registration (for case reports detailing a new surgical technique or new equipment/technology)
- Guarantor

14. Author Form

Please ensure that you have completed and uploaded the correct author form for IJS Case Reports:

https://www.elsevier.com/_data/promis_misc/2020_IJSCR_Author_Disclosure_Form.docx.

Please also make sure that you complete each section of the form.

Reviewer #1:

The work is worthy of acceptance as the clinical case is well described. Good iconography and relevant bibliographic and epidemiological data.

Reviewer #3: Thank you for the invitation to review this scientific research. I deny publication for this case report. I will mention first the reasons for my rule in general then I will specify some details in the manuscript.

1. In general this research work has nothing new to present. This is a case of bilateral Primary spontaneous pneumothorax (PSP) which was managed by bilateral chest tube and very late surgical intervention. The management of this patient did not follow any of the known guideline which requires subjecting the patient to surgical intervention as soon as his condition is stable. Then the patient had had prolonged right side air leak which was managed conservatively for a month (while prolonged air leak should be managed surgically after a week to 10 days)

2. The text is very poor. There are not only spelling mistakes but also major scientific mistakes.

3. The discussion is repetition of information already that is known and mentioned in many Guidelines and in many research work. In simple English, the purpose of the discussion is to interpret and describe the significance of Authors' findings in light of what was already known about the research problem being investigated and to explain any new understanding or insights that emerged as a result of your study of the problem. This was not at all achieved in the discussion section

Even the Narrative review is not successfully fulfilled in that goal.

Next I will mention the most important comment in the text. I will mark the Authors' words by page and line

1- In Page 3 line 21: This is wrong statement and has not been mentioned in reference number 3. The Authors in reference 3 mentioned, and I quote "As many as 90% of patients with PSP have blebs or bullae present at the time of occurrence". This does not mean that 90% of PSP patient will be subjected to surgery.

2- In Page 4 line 16: Bilateral Primary Spontaneous pneumothorax is an indication for Surgery according to almost all guidelines for management of spontaneous pneumothorax. The Authors should explain why they waited till the 3rd day observing the patient after stabilizing his condition.

3- In page 4 line 18: Confusing paragraph. The timing of chest tube clamping and release of the clamp and the sputum GeneXpert are not clear. The clamping and de-clamping are unnecessary details.

4- In page 4 line 23: Figure legend is different from the text. Actually, the CXR shows left pneumothorax while the text indicates the opposite.

5- In page 5 line 1: The sputum GeneXpert was negative and the authors did not indicate any pulmonary disease to label the right pneumothorax as secondary spontaneous pneumothorax. If there is no detectable or known pulmonary disease it is still primary spontaneous pneumothorax with prolonged air leak which is an indication of surgical intervention.

6- In page 5 line 3: What is urine elimination? The sentence is totally out of the context and adds more confusion.

7- In page 6 line: What is fluid pneumothorax? Maybe the authors meant hydropneumothorax. There are many wrong and vague scientific terms that should not be in a scientific research.

8- In page 5 line 11: The quality of the CT images in figure 3 as well as the other figure are very poor. The text indicates that the bullae are in the left apicoposterior segment. As this is the expected site of the bullae in primary spontaneous pneumothorax, the left lung is almost totally collapsed and hence the anatomical site of the bullae is difficult to be determined.

9- In page 5 line 16: "Pumping was carried out....." vague sentence out of scientific context.

10- In page 6 line 16: This statement is wrong. None of the references 3 or 7 has mentioned that recurrence rate is lower with needle aspiration than with chest tube insertion. Actually, in reference number 7, and I quote "It has been observed that when compared to tube drainage, first-line aspiration in PSP reduces the number of people requiring hospital admission significantly, without increasing the risk of complications." So it is not the recurrence that is lower in needle aspiration than the chest tube, it is the hospital admission.

11- In page 7 line 6: Again, wrong Scientific terminology. Blebs and bullae are not air in the pleural space.

Editor in Chief; Please answer reviewer 2's comment 'what is new-a routine problem or is it just new to Indonesia?'

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Fwd: Submission Confirmation for IJSCASEREPORTS-D-21-00782R1

Resti Yudhawati <resti.yudhawati2021@gmail.com>
To: restiyudhawati@gmail.com, nisya.hapsari@yahoo.com

Fri, Nov 26, 2021 at 5:17 AM

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Dari: **International Journal of Surgery Case Reports** <em@editorialmanager.com>

Date: Sel, 6 Jul 2021 pukul 09.18

Subject: Submission Confirmation for IJSCASEREPORTS-D-21-00782R1

To: Resti Yudhawati <resti.yudhawati2021@gmail.com>

Ms. Ref. No.: IJSCASEREPORTS-D-21-00782R1

Title: Bilateral Primary Spontaneous Pneumothorax with Multiple Bleb Performed by VATS and Wedge Resection: A Rare Case in Indonesian Adult and Review Article
International Journal of Surgery Case Reports

Dear Resti,

This message is to acknowledge that I have received your revised manuscript for reconsideration for publication in International Journal of Surgery Case Reports.

You may check the status of your manuscript by logging into the Editorial Manager as an author at <https://www.editorialmanager.com/ijscasereports/>.

Thank you for submitting your work to International Journal of Surgery Case Reports.

Kind regards,

Editorial Office
International Journal of Surgery Case Reports

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Fri, Nov 26, 2021 at 5:17 AM

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Dari: **International Journal of Surgery Case Reports** <em@editorialmanager.com>
Date: Min, 18 Jul 2021 pukul 06.15
Subject: Your Submission
To: Resti Yudhawati <resti.yudhawati2021@gmail.com>

Ms. Ref. No.: IJSCASEREPORTS-D-21-00782R1
Title: Bilateral Primary Spontaneous Pneumothorax with Multiple Bleb Performed by VATS and Wedge Resection: A Rare Case in Indonesian Adult and Review Article
International Journal of Surgery Case Reports

Dear Mrs Yudhawati,

I am pleased to inform you that your paper "Bilateral Primary Spontaneous Pneumothorax with Multiple Bleb Performed by VATS and Wedge Resection: A Rare Case in Indonesian Adult and Review Article" has been accepted for publication in International Journal of Surgery Case Reports.

This journal is fully open access; all articles will be immediately and permanently free for everyone to read and download. To provide Open Access, this journal has a publication fee which needs to be met by the authors or their research funders.

In the next few days, you will be receiving information via email to allow you to choose one of the CC license options, providing funding information and a link to our payment system.

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We appreciate and value your contribution to International Journal of Surgery Case Reports. We regularly invite authors of recently published manuscript to participate in the peer review process. If you were not already part of the journal's reviewer pool, you have now been added to it. We look forward to your continued participation in our journal, and we hope you will consider us again for future submissions.

Yours sincerely,

The Editors
International Journal of Surgery Case Reports

Comments from the editors and reviewers:

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