



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

According to the authors and the literature, there is no clear recommendation for tube thoracostomy in hemothorax management based on CT scan measurements. The authors found that all patients with hemothoraces measuring above 3 cm underwent tube thoracostomy. For a hemothorax size of 2 cm, it was more than 50% likely that a chest tube was placed. Associated pneumothorax significantly increased the likelihood of tube thoracostomy. Some expressions are awkward and need to be rectified (e.g. in the remaining 9 patients (60%), pneumothoraces were radiographically identified as either “tiny” or “small”). More sentences need more precision and accuracy as well.

[Response: Tiny is defined to be less than 5% volume of the ipsilateral hemothorax. This is changed accordingly in the text. Rest of the manuscript had undergone revision with tracking.](#)

SPECIFIC COMMENTS TO AUTHORS

The authors have investigated CT findings of 228 hemothorax cases. Their results indicated that all patients with hemothorax measuring over 3 cm by CT need tube thoracostomy and that 50% predicted probability of tube thoracostomy was 2 cm. I consider this study is interesting and meets the journal's scope but I have some comments. The conclusion of abstract is unclear. It should be revised.

[Response: Conclusion of the abstract is revised.](#)

Representative CT images should be presented.

[Response: Figure 1 shows representative images](#)



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Their indication of tube thoracostomy: “--- the final decision of tube thoracostomy was made by the clinical judgement of the trauma surgeon” should be described not only in “limitation section” but also “materials and methods” section.

[Response: It is now included in the materials and methods section as well.](#)

In Results section, line 3, “A total number 274 hemothoraces were included from 150 males and 78 females”. It should be 228? Please check also patient number of abstract and discussion (---274 hemothoraces from 228 patients).

[Response: Each patient can have right-side, left-side or bilateral hemothoraces. Hemothoraces are counted separately regardless of the patient. This is why it appears that the number of hemothoraces does not add up to the number of patients. We included hemothorax counts next to patient count just to make this point clear.](#)

SPECIFIC COMMENTS TO AUTHORS

Thank you for your presentation I wrote my suggestions on "comment to the editor" section

Confidential Comments To
Editor:

Dear Editor My comment as below: Revision according to the following proposals is extremely important in terms of publication of the manuscript. The article is written in a very sloppy and irregular manner Abstract section should be written in detail according to the format of the WJG journal series. In the methodology section, patient approach and statistical analysis methods should be written in detail. it should be explained which parameters are introduced into the multivariate analysis model.

[Response: The manuscript is edited accordingly with tracking.](#)