

## Peer Review File

**Article information:** <https://dx.doi.org/10.21037/med-22-30>

### Review Comments

#### Reviewer A

This manuscript describes the postoperative complications of mediastinal cyst resection. The concept of this article seems interesting, however, the frequency of these complications appears odd. The authors selected some articles as references, including some case reports. Case reports do not reflect the whole population.

Moreover, many kinds of diseases are included in mediastinal cysts, and the risk of complications should vary greatly between diseases but are not mentioned. They should be distinguished by the mediastinal site or by the disease.

Besides, the classification of complications is also not sophisticated. For example, "Reperfusion lung injury" is considered to be encompassed by "postoperative respiratory complications".

#### Reply:

- Thank you for your insightful comments. Incidence of postoperative complications after resection of mediastinal cyst is not well described in the literature, we only found single institution experiences about mediastinal cysts in general and case reports mentioning complications after resection of mediastinal cysts. We added a table with different types of mediastinal cysts and the reported complications after resecting each type.

Change in text: We clarified in the paper that our data is mostly from single institution experience and case reports and that the incidence of postoperative complications is not well described in the literature.

#### Reviewer B

This manuscript describes all possible complications encountered after surgical removal of a mediastinal cyst and how to deal with these.

This article reads like a text book chapter discussing all complications. The text is nicely summarized in Table 1.

#### Major comments:

##### 1) Illustrations:

Currently, no figures are included in the manuscript.

- It would be nice for the reader when the authors add some illustrations on mediastinal cysts they have seen in their practice or complications they have dealt with.

## 2) List of mediastinal cyst:

- it would be helpful for the readers if the authors could include an extra table listing all mediastinal cysts and their most frequent location in the mediastinal compartments (please refer to the ITMIG classification of mediastinal compartments).

## Minor Comments:

### 1) Typo's:

- line 139: "Usually, one vagus ...."; not "oone vagus"

### 2) References:

please check all references and reformat according to the journal's instructions:

- reference 5: delete the number "6" prior to the name of the first author "Hasegawa"
- only list the initial of first name of all authors in references 7, 8, 13
- use journal's abbreviation in references 2, 7, 8, 13
- use correct formatting for listing: year; issue:page-page in references 2, 6, 7, 8, 13

## Reply:

- Thank you for your insightful comments. Incidence of postoperative complications after resection of mediastinal cyst is not well described in the literature, we only found single institution experiences about mediastinal cysts in general and case reports mentioning complications after resection of mediastinal cysts. We added a table with different types of mediastinal cysts and the reported complications after resecting each type.

-We fixed the typo and references

- This manuscript is only one piece of a comprehensive review of literature about mediastinal cyst with specific focus on postop complications. Multiple illustrations are present on the other manuscripts included in this series.

## Reviewer C

Thank you for your manuscript, an interesting topic that leads often to discussions in many centers. It would be nice if we can have more consensus about how to treat mediastinal cysts, and be aware of the possible complications.

However, I have some serious doubts about the current form of the manuscript. You can find comments/suggestions in the document. My main concerns are:

1. It is not clear which types of mediastinal cysts you included in your manuscript, and why. For example, a lot of references you used are based on bronchogenic cysts, but that is just a fraction

of mediastinal cysts so I think it is not representative for the whole group of mediastinal cysts and you can not give recommendations for all cysts based on case reports about a small subtype of cysts. A cystic lesion in the posterior mediastinum have other etiologies than a lesion in the anterior mediastinum, and also the surgical strategy or other treatment/diagnostic options could be different.

2. Many parts are written for the general thoracic surgery patient, but are patients with a mediastinal cyst comparable with general thoracic surgery patients? I don't think so, in general, they are much younger with fewer comorbidities etc. You have to describe arguments and considerations for patients with mediastinal cysts in particular, instead of using general terms.

3. I think the words used as 'common', 'usually' etc are not correct and also misleading, especially because no numbers/percentages are described. It is not easily readable if a reader has to check your sources, or the internet by himself, to check what you mean with common, usual etc.

4. Some parts did not have any references, I would suggest using always references...especially if you give recommendations.

I understand that mediastinal cysts are rare, but to have such recommendations/advice for clinicians based on mainly case reports, there is more evidence needed in the manuscript than is given right now. Also, the real dilemmas are not described (when to perform surgery, and why not in some cases, how to perform follow-up etc.)

Thank you for your insightful comments. Incidence of postoperative complications after resection of mediastinal cyst is not well described in the literature, we only found a single institution experiences about mediastinal cysts in general and case reports mentioning complications after resection of mediastinal cysts. We added a table with different types of mediastinal cysts and the reported complications after resecting each type.

- This manuscript is only one piece of a comprehensive review of literature about mediastinal cyst with specific focus on postop complications. Aspects about when to perform surgery are covered in a different manuscript included in this special series.

Change in text: We clarified in the paper that our data is mostly from single institution experience and case reports and that the incidence of postoperative complications is not well described in the literature.

Change in text: We added a table with different types of mediastinal cyst and mentioned most common complications after resection of each type.

Change in text: We removed all general statements from the paper and ensured every statement has a reference.

## Reviewer D

Thank you for allowing me to review your manuscript. The article's stated goals are to discuss ways to prevent the complications of mediastinal cyst resection and discuss how to manage them when they do occur. Unfortunately, the manuscript doesn't address either of these goals other than on a cursory level. The information provided is basic and already known to the practicing thoracic surgeon.

Reply:

Thank you for your insightful comments. Incidence of postoperative complications after resection of mediastinal cyst is not well described in the literature, we only found single institution experiences about mediastinal cysts in general and case reports mentioning complications after resection of mediastinal cysts. We added a table with different types of mediastinal cysts and the reported complications after resecting each type.

-We modified the goals of the article and removed “discussing ways to prevent complications”. The changed the objective of our article to: “The objective of this article is to summarize the types of complications reported in the literature associated with resection of mediastinal cysts.