

Comments to the Author

Dr. Teng and colleagues present a single center, retrospective experience of using microcoil localization for the localization of lung nodules which are subsequently resected by VATS. I have the following questions and comments:

1) The authors fail to mention numerous publications on the use of microcoil localization that already exist in the literature. I believe their approach of use of this technique for multiple nodules is somewhat unique however they should not neglect the experience that already exists in the literature. At the very least, they should cite some of the articles that describe this technique. I would think a comparison of their techniques to other manuscripts would be valuable. Do they have similar rates of complications? Localization success? Maybe a meta-analysis of the existing studies.

2) The authors fail to describe why they use this technique, how do they select patients. Do they use it on every patient with nodules <3 mm in size that are close to the pleural surface? It would seem to me that the vast majority of such nodules would be palpable. It seems more definitive criteria for application of this technique would be useful.

3) Could the authors provide more information about the time period between the microcoil placement and the surgery? What was the average time? Did any patients have drains placed at the end of the procedure? Were all patients admitted? Did they have significant pleurisy that required narcotic therapy? Did they manage the induction of anesthesia differently knowing the patient had just had a needle placed in the lung?

3) Did the authors use intra-op fluoroscopy to determine the depth of the wedge resection? How frequently did they have to take a second wedge for margins? Did they every wedge across the end of the coil?

4) The authors claim in the beginning that this technique can permit lung preservation. Can they provide the average size of their wedge resections? How does that compare to their non-localized wedge resections over a similar time period? Could they not enhance their success rate by taking very large wedge resections?

5) How did the authors assure that the coil did not remain embedded in the chest wall at the end of the procedure and dislodge once the lung collapsed?