**Dear Chief Editor**

Thank you very much for giving me the opportunity to review this manuscript titled (**New modality in the management of tracheo-broncheal foreign body aspiration)**

In this manuscript, the authors discussed a case report claiming that the use of fogarty embolectomy catheter is a new modality in FB aspiration.

My major and minor comments are as follows

**Title:**

1. I don’t agree with the authors that the mentioned method – in this manuscript- of trachea-bronchial FB aspiration using a fogarty embolecomy catheter introduced through the rigid bronchoscope, represents a new modality. This method was mentioned as a very old method before in many old papers. The authors mentioned that in their reference (3) which is back to 1868!!. There are more old references back to 1968 and 1979 (ref 1,2,3 of this review)

So, I suggest the manuscript title to be changed into (An unusual method in the management of trachea-bronchial foreign body aspiration)

1. There is a spelling error in the title; it is (trachea-bronchial), not (trachea-broncheal)

**Introduction:**

**Line 2;** the authors mentioned that FB aspiration occurs mainly in children, then they take the reference (2) which is a paper for FB removal in adults!!. The authors should choose the relevant reference(s) that support theor data.

 **Case presentation:**

**Lines 2,3 :** History of the patient can not mention the anatomical site of the FB in the left lower lobe bronchus !!. The authors should mention the history then the anatomical location of the FB is diagnosed by the chest X ray.

**Lines 7,8** and **figure 1** : The authors mentioned (Plain chest x-ray showed a rounded smooth opacity; related to the foreign body; located in the left lower lobar bronchus) The exact location of the FB can not be determined by the PA view alone. The authors should add the lateral view in the CXR (if they obtained it) to say the exact location of the FB.

* The authors should mention; was CT chest done or not ? and why ? CT chest could be more accurate for the exact location and effects of the FB.

**Discussion:**

Again the authors had used very old references all through the discussion. Instead, they can use a relatively more recent ones. Examples for those recent references can be used instead include ( references 4,5 of this review )

**Comments to the References:**

* Reference number (1) is not written in details. It should be written as

 Mahmoud M, Imam S, Patel H, King M. Foreign Body Aspiration of a Dental Bridge in the Left Main Stem Bronchus. Case Reports in Medicine.2012;2012:798163. doi: 10.1155/2012/798163. Epub 2012 Oct 10

* The authors used many unnecessarily very old references ( references 3,5,6). They can replace them with a relatively more recent references as mentioned above in the discussion section.

***References to this review***

1. ***UUyot DC. The Fogarty catheter. Ann Thorac Surg 1968; 185-86***
2. ***Saw HS. Fogarty catheter extraction of foreign bodies from tracheobronchial trees of small children. J Thorac Cardiovasc Surg 1979; 64:240-4.2***
3. ***]ochanan M. Wie.tel, Roland ChLrin, RafQBI Feiflmess M, and I, QIJC Gay, Use of a Fogarty Catheter for Bronchoscopic Removal of a Foreign Body*** ***CHEST, 81: 4, APRIL, 1982***
4. ***Raman Wadhera, Sharad Hernot, Sat Paul Gulati, Vijay Kalra, Madhuri Kaintura, Aditi Singla. Combined use of a Fogarty Balloon Catheter,***

***Bronchoscope, and Tracheostomy for the Controlled Retrieval of an Endobronchial Foreign Body: A Case Report. International Journal of Science and Research (IJSR) Volume 3 Issue 11, November 2014***

1. ***Eun Kyung Choi, Shiback Lee, Deokhee Lee, Sang‑Jin Park. Successful removal of an intractable mucoid impaction in the bronchus using a Fogarty catheter with flexible bronchoscopy. Saudi Journal of Anesthesia / Volume 12 / Issue 1 / January‑March 2018***