Author’s response to reviews

Title: Bowel necrosis following endovascular revascularization for chronic mesenteric ischemia: A case report and review of the literature

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Author's response to reviews: see over
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Reviewer 1

I. Major comments

1. There are several grammatical errors in the manuscript. I propose to find a native English speaker to improve the manuscript.

Response

Although a professional medical editor had reviewed this report before the initial submission, we had the manuscript edited again by a native English speaker before submitting the revised version.

2. The authors contributions section is awkward. No research had to be designed and no data had to be analyzed for this case report. Perhaps only TS, AH and TM should be
mentioned as authors, as obviously only they made essential contributions to this case report?

Response

All authors have substantially participated in drafting and revising the manuscript. The Authors’ contributions section has been revised and described in detail (page 9, line 17–page 10, line 3).

II. Minor comments

1. Abstract Background

The statement in the second sentence is neither wrong nor right. Several possible complications of endovascular revascularization for chronic mesenteric ischemia have been emphasized in the literature that is cited. I propose to write explicitly that intestinal necrosis due to distal embolization has not been emphasized yet.

Response

It is true that this report focuses on distal embolization among several complications of endovascular revascularization for chronic mesenteric ischemia. The second sentence in the Background section of the Abstract has been revised according to the reviewer’s
suggestion (page 2, lines 4–5).

III. Discretionary revisions

1. Title

I propose to write: „review of literature“ instead of „review of literatures“.

Response

This issue has been addressed in the revised manuscript (page 1, line 2).

2. Abstract Case presentation

The last sentence can be omitted, as the information is redundant and it indeed is a conclusion. Additionally the conjugation of the verb “to be” is wrong.

Response

The corresponding sentence has been deleted from the Abstract and incorporated into the Conclusion section of the revised manuscript (page 2, lines 14-15).
Reviewer 2

Major compulsory revisions

This manuscript describes serious complications following SMA angioplasty for intestinal ischemia. There are several major drawbacks of this case.

1) As mentioned in the manuscript, bowel ischemia after visceral arteries angioplasty has been previously described and this case has no remarkable exceptions.

Response

It is true that this is not the first case of bowel ischemia following endovascular revascularization for chronic mesenteric ischemia; however, it is still a rare complication, and the fatal outcome of distal embolization after endovascular treatment has not been emphasized yet. This issue was addressed in the Discussion section of the original article, and we have added a comment to the Discussion section of the revised manuscript (page 8, lines 3–4) to emphasize the clinical importance of the complication.

2) This patient already had distal ileum and ascending colon ischemia prior to intervention and this fact significantly contributed to unfavorable outcome.
Response

We agree with the reviewer that the pre-existing intestinal ischemia influenced the postoperative course, although an ileostomy and a mucous fistula of the colon were viable without ischemia, even when the patient suffered a liver abscess. This issue has been clearly mentioned in the revised manuscript (page 6, lines 6–11).

3) In addition to bowel ischemia this patient had postoperative myocardial infarction and liver abscess that were the main reasons for lethal outcome. The authors responded immediately after angioplasty and bowel resection was performed on the second day. If no myocardial infarction or liver abscess occurred this patient might have survived.

Response

It is true that patients with chronic mesenteric ischemia are at a high risk for systemic cardiovascular disorders, and the myocardial infarction had a substantial impact on the post-treatment course in our patient. A comment on this issue has been added to the Discussion section (page 7, lines 12–14). We consider that the liver abscess in the present case was closely related to the bowel necrosis following the distal mesenteric embolization. This issue has been emphasized in the Case presentation section of the revised manuscript (page 6, lines 7–11).
4) The authors should comment why they didn't use embolic protection bearing in mind previously described embolic complications?

Response

Embolic complications are reported to be relatively rare complication with endovascular revascularization for chronic mesenteric ischemia. The use of an embolic protection device is still controversial, and its intrinsic complications of vasospasm, arterial dissection, distal hypoperfusion, vascular wall damage, and even distal embolization have been indicated. Therefore, we did not use an embolic protection device in the present case. This issue has been emphasized in the Discussion section of the revised manuscript (page 8, lines 6–14), and we cited additional references (Ref. 14 and 15).

5) The authors should comment on stent use in SMA angioplasty? How does it differ from angioplasty alone in the terms of distal embolization?

Response

The diseased artery in the present case was highly calcified. Therefore, angioplasty alone might have led to restenosis. We have commented on this issue in the revised manuscript (page 5, lines 11–12). Additionally, little is known about the difference
between angioplasty alone and angioplasty with stenting in terms of distal embolization.

We have added a comment about this to the Discussion section (page 8, lines 5–6).

*English should be improved.*

*References are incorrectly written. In almost all of them ";" should be placed instead of "," after the name of the Journal and the year of publication.*

**Response**

A native English speaker has revised the manuscript, and the reference style has been revised (pages 10–13) according to the sample shown in the instructions for authors.

*Figures should be improved.*

**Response**

We have added larger signs to improve the figures (Figure 1 and 2).