Author's response to reviews

Title: Reversal of End-Stage Renal Disease After Aortic Dissection Using Renal Artery Stent: Case Report

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PDF covering letter
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Dear BMC editorial staff,

We greatly appreciate the opportunity to address the comments and concerns of the reviewers of our case report: Reversal of End-stage Renal Disease After Aortic Dissection Using Renal Artery Stent.

We believe that the revised manuscript is considerably improved after incorporating the suggestions of the reviewers. We have provided a point-by-point response to the requests and suggestions of our reviewers below.

**Itemized Responses to Dr. Vedantham’s review:**

**Major Compulsory Revisions**

1. In response to the reviewer’s request for more detail about the interventional procedure. We have added an additional section within the “hospital course” called “interventional procedure” which is located as paragraph #3 of the “hospital course” section. The reviewer asks us to clarify whether angioplasty was performed as part of the procedure. After further review, angioplasty was not performed. The stent was delivered on a balloon and placed in the precise location by inflating the balloon. This paragraph explains the type and diameter of the stent and the location of the stent within the renal artery.

2. With regard to the optimal timing of the percutaneous intervention to salvage renal function after aortic dissection, we have added an additional paragraph to the “discussion” section. This is paragraph #5. It is our view that as soon as ischemic renal injury is deemed irreversible, an interventional procedure should be pursued.

3. In paragraph #3 of the “discussion” section, we have addressed the reviewers concern about differentiating between longer bare stents and short stent grafts. We have expanded the discussion of the different techniques from three different techniques to four.

4. In accordance with the reviewer’s request, we have gone through the report and have changed the phrase “occlusion of the true lumen” to “compression of the true lumen”.

**Discretionary Revision**

5. Both the abstract and the case report have been rewritten in a chronological order so that discussion about the patient’s aortic dissection is presented before the patient’s hospital admission with acute renal failure.
Itemized Responses to Dr. Bloch’s Review:

Minor Essential Revisions

1. As per Dr. Bloch’s request, both the abstract and case report have been rewritten in chronological order starting with the initial presentation of the aortic dissection followed by hospitalization for renal failure two months later.

Discretionary Revisions

1. We have deleted the retrospective postulation from the physical exam section that the patient’s abdominal pain likely was the result of intestinal angina.

2. We have deleted comments in the conclusion regarding the morbidity and cost of ESRD as we agree that they are likely beyond the scope of this case report.

3. We have added dates to the figure legends for the initial CT scans and MRA prior to angiography and stent placement.

4. We have added arrows to figures 1a, 1b and 3.

We hope that the revised manuscript should be now acceptable for publication in your journal. Please feel free to contact us with any additional questions or comments.

Sincerely,

Andrew S. Weiss, MD
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