**Author's response to reviews**

**Title:** Endovascular coiling versus neurosurgical clipping in patients with unruptured intracranial aneurysm: a systematic review

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**Author's response to reviews:** see over
Dear Editor: 

“Endovascular coiling versus neurosurgical clipping in patients with unruptured intracranial aneurysm: a systematic review”

Thank you very much for giving us an opportunity to revise our manuscript. Comments by the reviewer have proved very useful in rewriting this paper. The revisions are based on the reviewers’ comments and we respond to them point by point. We hope that these changes now make this paper acceptable for publication. The changes are in Yellow in the text, in the revised manuscript. Thank you in advance for your attention to our manuscript.

Sincerely,
MK Hyun, PH.D.

Response to Reviewers

Reviewer #1:

Q. I have major concerns about the scientific value. The most important endpoint of any aneurysm treatment is the successful occlusion of the aneurysm and the long term results of the treatment. Both criteria are not addressed! I do not see any value in the comparison of a group of patients who underwent craniotomy with a group of patients who did not when only the in-hospital stay is evaluated! Everybody expects that patients' who underwent open surgery have a higher in-hospital risk than patients who did not undergo craniotomy.

A: Thank you for the accurate comment.
First, some case series and case reports were referred about the successful occlusion and these types of studies were excluded by our exclusion criteria, we could not analyze that. Also, a typical ISUIA (International Study of Unruptured Intracranial Aneurysms) study did not referred about the successful occlusion.
Next, we were conducted a subgroup analysis according to follow-up time about GOS and we mentioned in results section as following. .

“In subgroup analysis by outcome-measurement time, clipping showed significantly higher disability measured by GOS (OR, 2.72; 95% CI, 1.16–6.34) in the short term (≤6 m). However, disability (GOS) was not significantly different in the long term (>6 m) (OR, 2.12; 95% CI, 0.93–4.84).”
Finally, like your opinion, we judged to be unreasonable to compare only length of in-hospital stay, we were exclude contents about that.

The authors really appreciated the reviewer’s kind and accurate comments. Revision based on these comments has improved the accuracy and the quality of the manuscript. We appreciate your efforts.