Author's response to reviews

Title: Bilaterally Symmetrical Congenital Absence of Radial Artery: A Case Report

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

Thank you for your attention with my manuscript and thank two reviewers for their Reviewer’s reports!

We review the relevant documents again and revised our manuscript on the basis of Dr Sean Galvin’ report. But we have some question about the **Compulsory Revision** in Dr Galvin’ report.

1. Dr Galvin think that brachial approach is not safe access for coronary angiography because of the significant risk of complication in centers not used to this approach, and provide us the relevant document. We reviewed the literature seriously, and found that there were more significant risk of complication in centers not used to this approach (Catheter Cardiovasc Interv. 2002 Oct;57(2):161-5), but in high volume center’s the brachial approach may have similar results to the transfemoral approach, so the literature concluded that brachial artery puncture and catheterisation may be a viable, safe and efficient alternative to the transfemoral approach in a centre that is experienced with the arm approach, when transradial access is not possible (Ann Acad Med Singapore. 2010May;39(5):368-73).

In another literature, authors recommend transbrachial approach, because transbrachial approach was a safe alternate approach, and in contrast to the transfemoral approach, hospitalization was not necessary and thus examination cost was reduced significantly by transbrachial approach (Cardiovasc Intervent Radiol. 2004 Jan-Feb;27(1):31-4). So when transradial percutaneous coronary intervention failed, transbrachial approach was better than transfemoral approach. In addition, brachial approach was performed by experienced operators in our center.

The key point of this case report was the bare variations of upper limb arteries (bilaterally symmetrical absence of radial artery), so we did not discuss the alternative options for angiography in the manuscript. If it is necessary, we will revise the manuscript again including discussion of the alternative options for angiography.

2. About the conclusion, we have a little change. Before the transradial percutaneous coronary intervention or coronary artery bypass surgery, some examination of radial artery should be performed.
because of excluding variations of upper limb arteries before the operation. So we revised the conclusion:

Some examination, such as color Doppler imaging of arteries in upper extremity even arterial angiography, may be performed before cardiac catheterization or coronary artery bypass surgery.

About “reconstructive surgery”, we have changed to “coronary artery bypass surgery”

3. We are so sorry that we have not the images of antegrade angiography. After a retrograde trans-radial angiography was performed and found the absence of radial artery, we performed the CAG and PCI via the brachial brachial artery only in the operation. Antegrade angiography was not performed for additional risk of complication.

4. “Caucasian female specimen” the word “specimen” is not needed: we have revised “Caucasian female subject”

5. Declaration of competing interests:

I declare that I have no competing interests.

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