Author's response to reviews

Title: Combined Sterno-Clavicular Approach As An Alternative Technique In Hybrid Exclusion Of Aortic Arch Aneurysm

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Author's response to reviews:

Editors-in-Chief,
JCVS
Mr. Vipin Zamvar and Professor David Taggart
Wednesday, 18 July 2007
Dear Editor,

Re: Combined Sterno-Clavicular Approach as An Alternative Technique In Hybrid Exclusion Of Aortic Arch Aneurysm

First of all we would like to thank you and the two reviewers for their valid comments. We would like to resubmit our manuscript having addressed all the comments raised by the two reviewers

Reviewer 1 (PK):
Comment 1. Reviewer states: Their approach is another variant on the hybrid approach of off pump technique for arch exclusion. There are concerns regarding endoleaks and long term stability of endovascular stent exclusion of the aortic arch. This is further compounded by the dangers of application of side biting clamps on the innominate artery and the translocation of left carotid artery in the setting if diseased arch vessels. I think these dangers need to be mentioned in the comments section. Indications for this approach clearly needs to be clarified as by their own admission clearly in a marfanoid patient this approach is neither necessary nor desired.

Answer to Comment 1. We agree with the reviewer's concerns on the disadvantages of the endovascular technique and the following have been incorporated into the discussion section as disadvantages and selection criteria. On the comment regarding the application of a side biting clamp we have already mentioned in our manuscript that only patients with no calcification of the origins of the head and neck vessels as documented in the CT angiogram should be
considered as candidates for the technique.

Comment 2. Reviewer states: I note the technique has been employed in three cases.

Answer to Comment 2. We need to clarify the following: The technique described has been performed in one patient with satisfactory surgical outcome but in two more cases a trifurcated graft was used and not a bifurcated one. We have used the technique with minor variations in four more patients but performing a carotid to subclavian bypass.

Comment 3. Reviewer states: There are several groups undertaking warm arch surgery with cerebral perfusion and reporting excellent results. Clearly the reported approach will need to fare well with this established practice or do the authors propose this approach for the cases considered high risk for the best of the conventional approach (warm arch surgery with cerebral perfusion)

Answer to Comment 3. The warm arch and cerebral perfusion strategy are mentioned as recommended and additional reference has been included. The main difference with our technique is that we performed off-pump surgery.

Reviewer 2 (EK):

Answer to Comment 1. the abbreviations have been removed from the abstract as recommended
Answer to Comment 2. the description of the technique has been altered as recommended
Answer to Comment 3. The conclusion section has been redeveloped as recommended in conjunction with the comment 1 of the first reviewer.
Answer to Comment 4. The typo has been corrected.

We trust these corrections are satisfactory.

Sincerely yours

Kindest Regards

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