Author's response to reviews

Title: straight aortic endograft in abdominal aortic disease

Authors:

Daniela Mazzaccaro (danymazzak83@libero.it)
Maria T Occhiuto (mtocchiuto@yahoo.it)
Giovanni Malacrida (gmalacrida@libero.it)
Silvia Stegher (silvia.stegher@live.it)
Andrea Raspadori (andrea.raspadori@unife.it)
Stefano Manfrini (stefano.manfrini@unife.it)
Domenico G Tealdi (domenico.tealdi@unimi.it)
Giovanni Nano (giovanni.nano@libero.it)

Version: 3 Date: 4 March 2013

Author's response to reviews: see over
Reviewer's report

Title: straight aortic endograft in abdominal aortic disease

Version: 1 Date: 29 August 2012

Reviewer: gioachino coppi

Reviewer's report:

1)
The question regarding the problem of Aorto-aortic endograft should be better explained in the introduction in correlation with the requested anatomy.

In the Parodi technique there is not a real stent support even with the second stent but only a stent fixation. Parodi proposed a Aorto-uniliac graft for the aneurisms without distal aortic neck. Support with completed stented graft as a support was proposed of Mihale with the Vangart. The risk of higher failure with Aorto-aortic graft is well known item from the ’90 and accepted by default due to the results of the first EVAR registers and related to the infrequent good distal neck but only few data are available comparing the single and double grafts (trombone technique). This is one of the richest series of cases on this topic. Further explanation about patients' selection was given in the method section. Challenging anatomies were excluded from our analysis.

2)
The study could be more interesting if it could take in consideration only AAA) and a single grafts (Endologix that is still used). More over because the rational of the trombone technique is related to the better proximal and distal apposition regarding the renal artery and aortic biforication with more appropriated coverage of the sub renal aorta and better and longer apposition against the aortic necks it would be interesting to know if with a single graft how many times was possible to obtain adequate coverage of the diseased aorta.

Was the results related to this? Because the reported justifications of the study are the simplification of the procedure and save money, the single graft would be the better solution. Would be possible investigate if the complication in case of single graft were predictable or if they were related to the specific anatomy or the specific graft used.

The diseased aorta was completely covered in all the procedures. Statistical analysis was performed to evaluate any possible predictor factor for the occurrence of complications, however it was not reported as numbers were too small to perform a good analysis.

3)
The data are well controlled; regarding the final information obtained by phone should be underline in the test that they were related only to the survival.
Further explanation was given in the method section.

4) The results should better explained and related more clearly to the two different treatment, to the different anatomy treated. Should be interesting to have some information of the failures and complication if there was a relationship with pathology, anatomy and aortic neck length/coverage mainly in case of single graft. In the case of stent fracture would be possible to have more information? (angle, kink, level?). The statistical analysis is affected by a bias of a mix of the lesion treated and different grafts.

See response to nr.2. As described in Table 1, there was no statistical difference between the anatomy of the two groups. Further information were added in the manuscript about stent fracture.

5) The discussion should more emphasize the problem of anatomy, difficulties of appropriated length of the straight graft and the excessive number of complication with the single grafts.

See response to nr.2.

6) The conclusion on the base of the data presented are acceptable only for the trombone technique. Data are needed to support the eventual single graft use in some situations.

See response to nr.2.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests' below
Reviewer's report

Title: straight aortic endograft in abdominal aortic disease

Version: 1 Date: 18 December 2012

Reviewer: Fabio Pozzi-Mucelli

Reviewer's report:

Reviewer’s report: minor essential revisions

Abstract: ok

Text

Introduction

“Historically, the first endovascular repair...of an abdominal aortic aneurysm” I suggest to add “in the western world” because as shown at the last Charing Cross Congress the first to do an endovascular aorta repair was a Russian vascular surgeon in 1987 (Nicholas Volodov).

Revision was made as suggested

Methods

Please specify which angiographic equipment was used (mobile C arm? Fixed angio-suite? Flat panel technology?). Did you use a percutaneous or surgical approach?

There are some abbreviations as “ET”, “POD”, “OSR” which are not written in the extended form the first time they appear.

While the authors explain which device they use for group B, this is not explained for group A

Revision was made as suggested

Results

Please explain why you decided to reintervene for the stent fracture. Which was the symptom?

Revision was made as suggested

Discussion

Please correct “cover stent” with “covered stent” (specify which covered stent you have deployed).

Revision was made as suggested
Conclusions: ok
References: ok

Tables

Table 2: I’m impressed by the low amount of contrast media: are you sure that the total amount is correct?

Yes, it is.

Figures

No figures were included. However I believe that an example of “thrombone technique” and one example of “single straight tube” could be included.

Two figures were added as suggested.
Reviewer conclusions:

1. Is the question posed by the authors new and well defined? Yes, I think this paper is original

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? Some improvement may be done, as previously suggested

3. Are the data sound and well controlled? Yes

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes

6. Do the title and abstract accurately convey what has been found? Yes

7. Is the writing acceptable? Yes. Only minor revisions are needed. I suggest to accept and publish.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.