Reviewer's report

Title: straight aortic endograft in abdominal aortic disease

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Reviewer: gioachino coppi

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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.

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 biforcation 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.

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.

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 f 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.

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.

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.

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