Author's response to reviews

Title: Open Triple-branched Stent Graft Applied to Patient of Acute Type A Aortic Dissection with Aberrant Right Subclavian Artery

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Author's response to reviews: see over
Author's response to review 1

Title: Open Triple-branched Stent Graft Applied to Patient of Acute Type A Aortic Dissection with Aberrant Right Subclavian Artery

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Version: 2
Date: 24 March 2013

Author's response to reviews: see over

Reviewer's report
Title: Open Triple-branched Stent Graft Applied to Patient of Acute Type A Aortic Dissection with Aberrant Right Subclavian Artery
Version: 1 Date: 27 December 2012
Reviewer: yuehong zheng
Reviewer's report:
major revision
Level of interest: An article whose findings are important to those with closely related research interests
Thank you very much

Quality of written English: Needs some language corrections before being Published
I have done the language corrections in the manuscript
Author's response to review 2

Title: Open Triple-branched Stent Graft Applied to Patient of Acute Type A Aortic Dissection with Aberrant Right Subclavian Artery

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Version: 2
Date: 24 March 2013

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

This paper is a case study for acute aortic arch dissection with an aberrant right subclavian artery (ARSA) using open triple-branched stent graft placement. Acute aortic arch dissection with an aberrant right subclavian artery is rare and the results of open triple-branched stent graft placement were good.

Thank you very much

1. The technique using open triple-branched stent graft placement already has been reported from several Chinese hospitals. You should add reference concerning this technique and explain this material for open stent-graft. For example, was this stent graft home-made or produced commercially in the company?

This stent graft is produced commercially in Yuhengjia Sci Tech Corp Ltd, Beijing, China.

The triple-branched stent graft consisted of a self-expandable nitinol stent and polyester vascular graft fabric. It comprised a main graft and 3 sidearm grafts. The main graft was tapered and flexible enough to conform to the curved aortic arch. The tapered main graft was 145 mm in length, 30 mm in proximal diameter, and 26 mm in distal diameter. At its proximal end, there was a 10-mm-long stent-free sewing Dacron tube. The first sidearm graft was 35 mm long and 14 mm in diameter. Both the second and third sidearm grafts were 25 mm long and 12mm in diameter. We added those in the manuscript.

And I added some reference concerning this technique as required as well.

2. You should subscribe the site of primary entry because I think this case was retrograde type A aortic dissection with thrombosed false lumen on the ascending aorta.

Yes, this is a retrograde type A aortic dissection with the site of primary entry originating from the distal portion of the aortic arch, just near the origin of the aberrant right subclavian artery. We revised it in the manuscript.

3. You should present how to select the graft size of stent graft that could close primary tear and orifice of the ARSA.

We chose the stent mainly according to the diameter of left subclavian artery, and the diameter of the descending aortic artery. After inserting the graft, since the triple-branched stent graft consisted of a self-expandable nitinol stent and polyester vascular graft fabric, and he tapered main graft was 145 mm in length, it will cover the origin of the ARSA.

4. In addition, Figure 1 is too small to evaluate the quality.

“Figure 1 is too small to evaluate the quality” is perhaps because of PDF version.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Revised