Author's response to reviews

Title: Giant basilar aneurysm treated by sole-stenting technique: 10 years follow-up

Authors:

Marco Zenteno (mazente@yahoo.com.mx)
Camilo Gomez (info@theani.org)
Jorge-Arturo Santos-Franco (jasantosfranco@hotmail.com)
Fernando Vinuela (fvinuela@mednet.ucla.edu)
Yolanda Aburto-Murrieta (yola_aburto@yahoo.com.mx)
Angel Lee (dr_angel_lee@yahoo.de)

Version: 7 Date: 11 May 2009

Author's response to reviews: see over
Here is a point-by-point response to the concerns:

COMMENT 1

1. The authors should mention the initial symptoms of the patient.
Lines 1 & 35 of the “case presentation” section:
A 43 years-old male arrived to our hospital with a chronic headache.
Neurological examination was unremarkable.

2. The authors should shortly describe which mechanical procedure they used to reopen the basilar artery after thrombosis, was there any adjunct medical therapy?

Lines 34 & 35 of the “case presentation” section:
…mechanical procedure (balloon angioplasty) with the use of antiplatelet treatment (ticlopidine 250 mg and aspirin 100 mg);

3. I do not agree with the authors’ hypothesis of progressive vessel correction of the basilar course. First: after stenting a vessel it will straighten depending on the type of stent used independent of the flow alterations. Second, the aneurysm was absorbed over the years so that the mechanical pressure relieved and third, the projections given in figure 3 are not the same. There are different ways to interpret the change of a vessel course. The authors therefore should discuss these points and eliminate figure 3.

Figure 3 was eliminated

4. The discussion should be shortened.

It has been accordingly (reduced to 1080 words).

5. Figure 1 Figure 2 E and F should be eliminated (no additional information)

They have been eliminated

COMMENT 2

Figure 2A says ACT examination. Is this DynaCT? And was it available 10 years ago?

We added “IV injection”. Dyna-CT has been available in Mexico for the last 3 years, more or less.

We are sure that no case of this kind has been reported in the literature, as in 1997 giant aneurysms were not stented. The thrombosis of such a giant lesion is also exceptional. The absence of intimal hyperplasia after 10 years of follow-up is also exceptional.
Yes, it can advance our knowledge by showing an example of good longterm tolerance of intracranial stenting.
Its interest is limited to neurological sciences. The behavior of extraneurological lesions cannot be inferred.