Author's response to reviews

Title: Spontaneous dissection of the superior mesenteric artery including the right hepatic artery: to observe, to stent, or to operate? A case report

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Author's response to reviews:

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Re: Spontaneous dissection of the superior mesenteric artery interesting a right hepatic artery: to observe, to stent, or to operate?

Dear Editor,

It is a great pleasure to have the possibility to correct our manuscript and to resubmit it.

All the changes are highlighted (yellow).

To answer to the reviewers:

- We deleted the second sentence in the discussion section, as proposed.

- We added a recent reference (Gobble RM et al, J Vasc Surg 2009), where it is stated (and we agree with that) that all symptomatic patients need a treatment (stent or surgery, depending on the presentation).

To answer to the reviewer, we think that a patient who has pain 7 days after the diagnosis of a SMA dissection is just in between an acute transient and a chronic relapsing patient. Thus, he needs, in this case, an angiography and a stent (see our algorithm). Since a patient is symptomatic, we believe that there is no place for a conservative treatment, even if the pain can be due on the perivascular inflammation.

We added our definition for acute transient and chronic relapsing pain on the discussion section: non continuous pain (otherwise, it is a continuous pain, and
surgery is recommended because of the risk of intestinal ischemia).

However, if the patient was asymptomatic first (incidentally discover), and a conservative treatment was initiated, and 7 days after, he presents a pain, the question is to know, if it is an acute ongoing or acute transient pain. The treatment thereafter will change (see the algorithm).

The revised manuscript is now resubmitted, and we hope that all the corrections will satisfy you. Don’t hesitate to contact me if you have any questions concerning the revised manuscript.

With our special best regards.

Dr Nicolas Buchs, MD