Author's response to reviews

Title: Hybrid management of a spontaneous ileo-iliac arteriovenous fistula.

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Author's response to reviews: see over
Editor,
JMCR.

Re: Cover letter to address the points by reviewers of manuscript:
1855859404503149 – ‘Hybrid management of a spontaneous ilio-iliac arteriovenous fistula’.

Dear Editor,

I wish to thank you and your reviewers for reviewing the above manuscript. I have revised the original document based on the reviewers’ comments with changes ‘highlighted’ in yellow. I will address each of these points below also:

First reviewer – Mr. P F S Chong:
1. Ilio-iliac has been used throughout.
2. The patient was 68 and this correction has been made.
3. I have made reference to the availability of the Endologix device for smaller aortic bifurcations and referenced the suggested article.
4. I have commented that a bifurcated graft could be used and included this reference also (only 10 references allowed in total).
5. I agree that Amplatzer plugs can be used peripherally but this was unsuitable in this particular case.
Second reviewer – Mr. C Bicknell

1. I use the term hybrid to simply illustrate a combined open vascular and endovascular approach to the surgical pathology. I have changed the term hybrid to ‘combined’ and made the specific interventions clearer in the abstract.

2. I agree the number of authors may appear a touch excessive but the department insists on all consultants editing/contributing to all papers produced.

3. I have tried to provide more detail in the description of the intervention as well as sizes for the various devices used.

4. The CCF was a clinical diagnosis. This is now pointed out in the text. We did not confirm with an ECHO as the CT effectively supported this clinical diagnosis. The shortness of breath had improved dramatically on his return to clinic (commented upon in the manuscript) further supporting the original diagnosis so we did not pursue it further at that stage.

5. He went home complication-free at seven days – now included in the text.

6. Four of the ten allowed references relate to open surgical repair of this condition. I didn’t over-expand on this issue for the sake of brevity and also as I wished to focus on approaching the problem with endovascular surgery in mind.

7. I have included some new references to different endovascular approaches to this scenario.

8. Figure 1 shows a contrast enhanced CT with contrast-blood filling the IVC from the Rt CIA. This is based on the reconstructed CT image so cannot be altered in terms of the timing of the flow pattern. I’m afraid I no longer have access to the intra-operative fleuroscopy/DSA images which I agree might demonstrate the dynamics differently.

I hope this is satisfactory for all concerned and I sincerely hope you will now consider this article for publication.

Yours sincerely,

Gavin O’Brien