Reviewer’s report

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

Version: 1 Date: 19 April 2011

Reviewer: Colin Bicknell

Which of the following following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting report of the modern treatment of a complex problem: Fistulating iliac aneurysmal disease into the iliac vein. The presentation, with claudication is unusual.

I think the history and discussion is well presented and the images are of good quality, which make this a case worthy of publication.

I have a few comments:

I found the title misleading somewhat. I expected a novel treatment strategy for AV fistula, but in fact the AUI and fem-fem cross over approach is well recognised and not what most would consider a hybrid approach to treatment. The fact that this is an unusual presentation of fistulating aneurysmal disease of
the iliac artery and that the modern treatment options are safe and effective, avoiding significant blood loss could reflect this.

I also thought that the number of authors for a case report was excessive and it is not made clear as to the contribution of each. It may be a truly multidisciplinary approach to treatment and I leave this up to the editors discretion.

The abstract could better describe the treatment of this case, rather than simply stating a hybrid approach was used.

I thought the description of the endovascular procedure could be more accurately explained. For instance "the aorta was cannulated with a 0.035 Bentson wire (Cook Medical, Bloomington, IN, USA)" would be an appropriate explanation. In addition the sizes of the endovascular graft and Amplatzer devices should be stated.

What were the diagnostic features of the CCF? was this breathlessness on exertion or proven high output cardiac failure on ECHO with hypertrophy etc...

When did the patient return home and were there any complications?

I thought a fuller explanation of the surgery performed before the endovascular era may be interesting. In addition, the paper would benefit from a short discussion of the endovascular treatment options available.

Lastly, I wonder whether an image showing the contrast flowing from iliac artery to vein would enhance the learning for some readers as this is commonly missed when trainees look at scans of AV fistulas in my experience.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests