Author’s response to reviews

Title: Intercostal artery pseudoaneurysm following thoracentesis: Multi-modal imaging and treatment

Authors:

Kaitlyn Casper (kpkc9@uw.edu)
Paul Sanchirico (pjsanch@gmail.com)
David Pfeiffer (dpfeiffer@uidaho.edu)

Version: 1 Date: 06 Apr 2019

Author’s response to reviews:

April 6, 2019

RE: Revised BMIM-D-18-00282

Dr. Francisco Contijoch
Editor, BMC Medical Imaging

Dear Dr. Contijoch,

Thank you for the Decision Letter regarding the review of our manuscript entitled, “Intercostal artery pseudoaneurysm following thoracentesis: Multi-modal imaging and treatment” by Casper et al. which we submitted earlier to BMC Medical Imaging for consideration for publication.

We appreciate the very helpful comments of both Reviewers who carefully reviewed our earlier manuscript.

We are submitting our revised manuscript which has been edited in light of the comments and critiques from both Reviewers. All efforts were made to address their concerns as seen in the attached Response to Reviewers which provides a point-by-point answer to each comment raised by the Reviewers.

I look forward to hearing from you once a final editorial decision can be reached on the submitted revised manuscript.
RESPONSE TO REVIEWERS

A.A.K. Abdel Razek (Reviewer 1)

Comments to the authors:

1. Discuss merits and limitations of CTA and MRA in assessment of arteries using these ref


   - Razek AA, Saad E, Soliman N, Elatta HA. Assessment of vascular disorders of the upper extremity with contrast-enhanced magnetic resonance angiography: pictorial review. Jpn J Radiol 2010;28:8794. English language correction through the manuscript

Response:

We have expanded our Discussion to address the merits and limitations of CTA and MRA in assessing arteries. The new sentences are found in the Discussion section, beginning on line 13,
Domenico De Santis, M.D. (Reviewer 2)

Comments to the authors:

1. Please spell-out COPD.
   Response:
   We have made this correction, Case Presentation section, line 20, pages 3-4.

2. Please replace Rocephin with ceftriaxone and do not capitalize azithromycin.
   Response:
   We have made these changes, Case Presentation section, line 3, page 4.

3. Please add information regarding the thoracentesis such as site of puncture, quantity and characteristics of pleural effusion.
   Response:
   We have added this information, Case Presentation section, lines 5-6, page 4. The new sentence reads, “The thoracentesis was completed with ultrasound guidance, with the puncture made above the 11th rib at mid chest on the left. The pleural effusion was found to be frank blood.”

4. Please replace "CT with contrast" with contrast-enhanced CT.
   Response:
   We have made this change, Case Presentation section, lines 9-10, page 4.

5. After how much time was the Pt discharged?
   Response:
We have added this information, Case Presentation section, lines 6-7, page 5. The new wording states, “...and was discharged home after 5 days”.

6. I'm assuming CT was performed during the arterial phase. If so, the discussion should give emphasis to such point, since that was crucial to properly identify the pseudoaneurysm. CT has been generally overlooked in the discussion. Please add some statements. At the end of the day, it played a pivotal role in the diagnostic process.

Response:

Thank you for this helpful comment.

In the Case Presentation section, line 10, page 4, we have added the wording, “...performed during the arterial phase...”

In the Discussion section, lines 4-6, page 6, we have added the sentences, “The pseudoaneurysm was initially detected on the contrast-enhanced CT. The procedure was performed during arterial phase and this played a pivotal role in the diagnostic process.”

7. A coronal volume rendering of the CT examination would be a nice improvement to the figures. I'd place it with current figure 5, showing basically the vessel with both modalities.

Response:

Unfortunately, we are unable to generate a volume rendering of the CT examination at this point. However, we have added a coronal CT image as panel B in figure 5, as suggested.