Author’s response to reviews

Title: Isolated Subdural Hematoma Secondary to Dural Arteriovenous Fistula: A Case Report and Literature Review

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Author’s response to reviews:

Dear editor and reviewers,

We want to thank you for your thoughtful and often enthusiastic comments regarding our submitted manuscript. We appreciate the opportunity to respond. We hope that the Editor will be willing to reconsider our manuscript for the publication. All reviewers also had concerns regarding the manuscript. Below, we respond to each comment by the reviewers. In addition, changes and additions to the manuscript are highlighted in red. We look forward to hearing from you soon.

Yours sincerely,

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*Revision Note

Reviewer 1
1. Question: The authors present a nice review on the existing described cases of isolated SDH caused by a DAVF. The case they present is, however, neither novel or does have any novel aspects. In order to make this review more substantial, the authors should add information on the individually reviewed papers on what prompted the respective authors to investigate with DSA. The authors do present a list of suggested criteria, however these are not supported by their data - this suggestion may also lead in a high number of unnecessary DSAs, so this would have to be taken in consideration and discussed.

Response: Thanks for your careful review of our manuscript. In this article, we presented a rare case of CSDH due to DAVF followed by a systematic review of the relevant literature. We have to confess that there is less novelty in the manuscript. However, this manuscript not only presented a rare medical occurrence but also performed the first systematic literature review of this rare entity. As a result of its rarity, hardly could we ever associate an acute SDH or chronic SDH with DAVF. In fact, nearly all the DAVFs in the reported cases were found during surgical intervention or preoperative angiographic investigation for potential vascular anomalies. So we presented a list of criteria for which circumstances that a further angiographic investigation (CTA or DSA) should be proposed according to our systematic literature review. As concerned by the reviewer, there do have the risk of unnecessary or excessive vascular investigation. But, in our opinion, it’s worthy of this “unnecessary” investigation. A primary CTA could be performed in patients skeptical of potential vascular anomalies. If abnormal vascular lesions were inspected, further DSA could be performed.

2. Question: The manuscript furthermore does not elucidate the potential role of other advanced imaging (MRI/A/V) in detection of DAVF in such cases.

Response: As we all know, MRA/MRV does play an important role in the investigation of intracranial vascular diseases. The most prominent trait of MRA/MRV is noninvasiveness. However, MRA/MRV is inferior to CTA/DSA in displaying vascular details. And, in nowadays, nearly no doctor would advise the patient to undergo a MRA/MRV for potential DAVF. In fact, two cases in the literature had performed MRI (reference 4 and 14) but with no positive findings. Due to its limited value in detecting DAVF, we insist that there is no need to talk too much on the potential role of MRA/MRV in DAVF detection.

3. Question: Suggestion to focus on one specific conclusion rather than delivering a bit of a review on treatment/diagnoses etc. that all is not particularly comprehensive.

Response: Thanks for your advice. Conclusion is the summary of the primary findings of a study. There is no fixed style for writing a conclusion. However, we will prudently consider your suggestion in the revised version of our manuscript.
Reviewer 2

1. Question: I have no issues with the data presented or with the literature review. As noted above, it is not entirely clear what this article represents (e.g. what is the true objective/hypothesis? none is explicitly stated).

Response: Thanks for your careful review and thoughtful and enthusiastic comment on our manuscript. This article reported a rare case of CSDH secondary to DAVF. In order to more elucidate this rare entity we performed a systematic literature review. We are sorry for the ambiguousness of our manuscript and we would present a clearer article in the revised version.

2. Question: From the abstract, the goal seems to be a literature review of DAVF, which is warranted and well executed in this report; however, that quickly yields to a clinical case report of a patient with DAVF. While the rationale for the two separate points is understood, the manuscript does not flow well to link these two points. I believe the paper may work better as a true review article that includes the presentation of the patient data.

Response: We are sorry for our ambiguousness in expression. According to our understanding of writing rule of scientific work and the material we want to convey, we believe that the type of this manuscript had better to be a case report and literature review. We have revised the abstract to convey this information.