Author’s response to reviews

Title: THE EAGLE JUGULAR SYNDROME

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Cover Letter

Editor

Question 1: Please clarify whether consent for publication was obtained from the illustrative case.

Answer 1: The consent for publication of the illustrative case was obtained and the signed form is available if requested by the editor.

Alessia Giaquinta (Reviewer 1)

Question 1: “Why didn't the authors perform a catheter phlebography in order to better define the IJVs obstructive disease (see Factors influencing the hemodynamic response to balloon angioplasty in the treatment of outflow anomalies of internal jugular veins. Giaquinta A, Beggs CB, Veroux M, De Marco E, Sanzone A, Virgilio C, Veroux P. J Vasc Surg Venous Lymphat Disord. 2017 Nov;5(6):777-788) and the impairment flow (see Internal jugular veins out flow in

Answer 1: We appreciated the reviewer comment and completed our text. CDU investigation allowed us to assess the venous haemodynamics in terms of flow velocity and flow rate of the internal jugular vein, especially just below the nutcracker, in the upper part of the neck. CDU permits also to perform a precise and non-invasive follow-up of patients conservatively treated, in order to monitor any further flow worsening.

Alternatively, jugular outflow in case of external compression has been also extensively studied by the means of catheter venography protocol {{622 Veroux,P. 2013;}}. These authors, by the means of the same protocol, found out that balloon-angioplasty is not an effective treatment in case of external compression of IJV {{623 Giaquinta,A. 2017;}}. CT-angio in our patient clearly demonstrated an external compression by the styloid process. Considering that one of the main advantages of venography is the possibility to couple diagnostic and endovascular treatment (not indicated in our case, for the above-mentioned reasons) we decided to use CDU to measure the flow and open surgery to treat the obstruction.

We added this reasons in the text at page 11 lines 14-20.

Question 2: “Why did the authors report just one operated case?”

Answer 2: as reported in the text at page 11 lines 21-24, in our experience, the treatment is usually conservative, especially when symptoms are not invalidating and apparently controlled by medical treatment. The only one patient who underwent surgery and endovascular balloon angioplasty presented both invalidating headaches and facial edema not responding to medical conservative treatment. The rest of the patients did clinically respond to medical treatment.

Question 3: “There is a classification of the internal jugular vein phlebograms but the Authors did not use and cite it, yet. The Authors have to grade the exemplificative case according to it, discussing the vascular outcome”

Answer 3: we agree with the reviewer and we do think the classification would be very useful. Unfortunately in our case, for the above-mentioned reasons, we did not perform pre-operative IJV phlebograms. We only discussed the vascular outcome in terms of post operative imaging and clinical evaluation. This is a limit of our study which would be overcome in the future patients. We added this in the limitations (page 12, lines 7-9).

Question 4: “Please verify and correct the sentence at page 7 line 2 in RESULTS section”

Answer 4: we thank you the reviewer and correct the sentence.