Author’s response to reviews

Title: Pseudoaneurysm of graft-graft anastomosis of a hand-sewn branched graft: a case report

Authors:

Toshihito Gomibuchi (gomit@shinshu-u.ac.jp)
Tamaki Takano (ttakano-ths@umin.ac.jp)
Yuko Wada (aruko@shinshu-u.ac.jp)
Takamitsu Terasaki (mayflyt@shinshu-u.ac.jp)
Tatsuichiro Seto (seto@shinshu-u.ac.jp)
Daisuke Fukui (dfukui@shinshu-u.ac.jp)

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Author’s response to reviews: see over
Dr. David Taggart
Editors-in-Chief
Journal of Cardiothoracic Surgery

Dear Dr. Taggart;

Thank you for your invitation to submit a revised manuscript titled “Pseudoaneurysm of graft–graft anastomosis of a hand-sewn branched graft: a case report”. We have thoroughly revised the manuscript in response to the reviewers’ comments and our point-by-point to these responses are shown below.

We hope that the revised manuscript is now suitable for publication in the Journal of Cardiothoracic Surgery.

Regards

[Gomibuchi Toshihito]
Referee#1

1. Graft leakage has been reported sporadically but it is rare. What was causes of this late onset leakage? Were there any infection, textile breakdown, or disappearance of the sealant? The major flaw of this paper is lack of histological data. Figure 1 can be deleted.

Response: Material fatigue is suggested as a cause of leakage because no signs of suture deterioration or infection in the present case. (P.5 L.24) We only performed in situ repair and did not resect the vascular graft including the bleeding site. Histopathological examination unfortunately could not be done in the present case.

We removed Figure 1 according to your suggestion.

Referee#2

1. The Authors report that: “We made four holes on the 28 mm straight graft with a thermal cautery, and three straight grafts of 8 mm diameter were individually sewn with 3-0 polyester sutures before surgery”. It is not clearly described why the made four holes in the straight graft but anastomosed only three smaller grafts. Was the fourth hole used to reposition the perfusion cannula after hypothermic circulatory arrest? Please clarify this point.

Response: Thank you for your precious notification. “Four holes” is typographical error. We corrected “four holes” to “three holes”

2. The paper needs some language corrections before being published
1. Abstract line 5: “Computed tomography (CT) angiography showed a pseudoaneurysm on the branched graft during follow up; thus, we reoperated” is better replaced by: “During follow-up, serial CT scans showed a pseudoaneurysm on the branched graft which warranted re-intervention”

2. Abstract line 6: “Bleeding from the anastomoses of the hand-sewn branches was found. We repaired the bleeding with sutures under cardiopulmonary bypass” is better replaced by: “Surgical repair involved direct suture of multiple bleeding points which were found at the sites of the hand-sewn branches anastomosis”

3. Abstract line 9: “Care must be taken with hand-sewn branched grafts after graft replacement” is better replaced by: “Long-term follow-up is essential to detect late complications at the site of hand-sewn anastomosis”

4. Background line 2: “common” is better replaced by: “more”

5. Case presentation, line 12: “only thoracoabdominal replacement was performed” is better replace by: “only a thoracoabdominal aorta replacement was performed”

6. Discussion line 2: “We had made the” is better replaced by: “It has been our practice to realize”

7. Discussion line 12: “progressed” is better replace by: “progresses”

8. Conclusion line 2: “Care must be taken with hand-sewn branched grafts after graft replacement” is better replaced by: “Long-term follow-up is essential to detect late complications at the site of hand-sewn anastomosis”

9. All text: please replace all numbers between 1 to 9 with text.

Response: Thank you for the detailed corrections. We followed the list of corrections exactly.