Author’s response to reviews

Title: Reoperation for a Giant Arch Anastomotic Pseudoaneurysm Eleven Years after Total Arch Replacement with Island Reconstruction

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Reviewer reports:

Reviewer #1:
In this manuscript Matsuura and associates reported their experience with surgical repair of an arch anastomotic pseudoaneurysm, a root aneurysm and coronary stenosis. I have the following comments:

1. This case is presented in a lengthy and verbose way, with many unimportant details while missing some important points. For example, no details were provided on how to set up the antegrade cerebral perfusion on lines 54-6 in page 6. The first 4 paragraphs of Case presentation can be simplified by removing the 3th and 4th paragraphs. The surgical technique part can be shortened and the Discussion is too lengthy and can be cut at least by half.

Thank you for identifying this error. I have removed the improper sentences from the surgical technique and discussion sections.
2. It is helpful to know the reason for the pseudoaneurysm developed 11 years after initial total arch replacement. What was the aortic pathology for the prior operation? Please provide the details of the pathology report after the initial surgery.

I apologize that I could not obtain the pathology report from the previous hospital in which the initial surgery was performed. Although I requested this report once more, they appear to no longer be in possession of it.

3. The sequence of figures needs to be changed. The current Figure 3 should be after Figure 1. In Figures 2 and 4 (postop), there were only sagittal reconstructed images and the aorta did not appear normal after repair. Please add axial scan images to show the results of this extensive procedure.

I apologize that the figures were described in such a way that made it appear that the figures were improperly arranged. They were placed in chronological order. However, since the contents of the figures rendered them confusing, I have added the axial scan images to Figures 2 and 4.

4. It would help by adding a scheme to show the details of this procedure.

I have included the scheme for this procedure and the previous operation.

Reviewer #2: I read with interest the manuscript entitled "Reoperation for a Giant Arch Anastomotic Pseudoaneurysm Eleven Years after Total Arch Replacement with Island Reconstruction" by Ryohei Matsuura and colleagues from Department of Cardiovascular Surgery, Fukui Cardiovascular Center, Japan.

The Authors reported a case of huge pseudoaneurysm after arch surgery for Type A Acute aortic dissection.

Congratulations for the figures, very clear!

There are some elements of concern that I will list below.
Major:
1. The paper is very long (it's a case report!)
2. The clinical presentation presents futile details for the clinical case
3. The paragraph on surgical treatment reads badly, it is redundant and little incisive

Thank you for your identifying this error. I have deleted the unnecessary portions of the text.

4. The aortic valve is not described, it is unclear why it has been replaced rather than preserved (David's operation).

As discussed, the patient exhibited mild AR; however, we performed the Bentall procedure as it can be performed more easily and with greater certainty than the David procedure at our institute. Moreover, since all procedures in this case were invasive, the Bentall procedure did not elevate the risk.

Minor:
1. Page 6 line 10: "while gradually increasing the rectal temperature to 32 °C", there is an error (increasing).

Thank you for identifying this mistake. I have changed the word from “increasing” to “decreasing”.

2. English can be improved

I apologize for this shortcoming. I have asked an English language editor to review this manuscript and politely request that you review my revised manuscript once more. Thank you.