Author’s response to reviews

Title: VENA CAVA ANOMALIES IN THORACIC SURGERY

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Version: 1 Date: 08 Jan 2018

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Thanks to reviewers and the editor for suggestions.

- English has been checked. Errors were corrected and all changes have been highlighted in the manuscript. In particular:

- Page 2, line 4: “develop” has been changed in “development”
- Page 2, line 6: “The” has been corrected in “they” as suggested by reviewer 1 in Q2
- Page 2, line 9: “made” has been changed in “done”
- Page 2, line 20: “one” was removed
- Page 3, line 35: “completed” has been changed in “complete”
- Page 3 line 38: “1st” has been corrected in “first” as recommended by reviewer 1 in Q3
- Page 3, line 42: “a” was added
- Page 3, line 49: “curse” has been corrected in “course”
Page 3, line 60: “before” instead “ago” as recommend by reviewer 1 in Q3

Page 4, line 11: “was stopped” has been changed in “stopped”

Page 4, line 33: “erythema nodosum” instead of “nodosum erythema” as suggested by reviewer 1 in Q4

Page 4, line 36: “irregular-shaped” has been changed in “irregularly-shaped”

Page 4, line 42: “the” was added

Page 4, line 42: “blood circulation” instead “venous blood”

Page 4, line 56: “a” was removed

Page 4, line 56: “granulocyte tissue” has been changed in “a granulocytic infiltrate”

Page 5, line 6: “this” has been corrected in “these”

Page 5, line 11: “occur” has been corrected in “occurs”

Page 5, line 15: “form” has been changed in “forms”

Page 5, line 15: “coexist” has been corrected in “coexists”

Page 5, line 27: “it” was added as recommended by reviewer 1 in Q5

Page 5, line 44: “located” was added

Page 6, line 46: “esofagectomy” has been corrected in “esophagectomy” as suggested by reviewer 1 in Q6

Page 2, line 24-25: As requested by reviewer 1 in Q1 we have clarified the indication of the prior sternotomy in the first patient.

Page 6, line 60: As recommend by reviewer 2 we have inserted some surgical tips to avoid complications. These are general surgical tips that should be follow in every thoracic interventions but particular attention should be paid in patients with vascular anomalies.

To answer to reviewer 2, for what concerns the use of MRI in preoperative study, in our opinion it is less useful than TC in the study of mediastinal great vessels. In our opinion a CT scan with intravenous contrast should be performed to all patients candidate to lung resection to properly plan the surgery.