Author’s response to reviews

Title: Repair of a type B aortic dissection with a re-vascularization of the aberrant right subclavian artery in an adult patient

Authors:
He Jian (2258356549@qq.com)
Xiao Ming Bian (ahmadrame76@yahoo.com)
Mahmoud Abuharb (mahmoud.abuharb@yahoo.com)

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Author’s response to reviews:

Reviewer #1: Dear Author,

I appreciate the reading of your paper about the interesting case report. However, there are some major issues that in my opinion should be addressed.

1. The ARSA may not result in aortic dissection (as you stated in your paper, Abstract, Lines 16-17) but can be an incidental finding.
We have stated that the ARSA is rarely associated with dissection. However, we appreciate your opinion and we have added a statement that it can also be found incidentally. Changes done on Page 2 Lines 10-11.

2. What were the indications for the surgical correction of the type B dissection? I mean that the problem was not the treatment of the ARSA but the dissection itself. Did the patient show any signs of visceral impairment? Uncontrolled hypertension? Uncontrolled pain? Please discuss.
Indications for surgery included persistent pain, threatened exsanguination, mal-perfusion (renal and limb), rapid aortic enlargement, and uncontrolled hypertension. Changes done on Page 6 Lines 32-34.

3. You should discuss more extensively the treatment possibilities, underlying the reasons why you decided to perform this treatment.
We have made necessary changes to address this question on Page 6 Line 36-41.
Treatment options included:
To manage the patient conservatively by controlling blood pressure, heart rate and pain, but because the patient showed some related complications including mal-perfusion, persistent pain and controlled hypertension, we decided to go for surgical intervention (Page 6 lines 32-34.).
To perform thoracic endovascular aortic repair [TEVAR], however we didn’t use TEVAR because, the unfavourable anatomy which include inadequate proximal and distal seal zones, tortuosity, lack of vascular access options and extremes of aortic diameter. And so we decided to perform open surgery instead (Page 6 lines 36-41).

4. The language should be revised by a native English speaker. Done.
5. References are not reported in the correct style. Done.

Reviewer #2: This case is not rare, and not interesting. Pub med. are so many reports and recent cases (2017, 2018, 2019 year) Clinical analysis - midterm reslts- was shown in Pub Med. We appreciate your input. Thank you.

Reviewer #3: Congratulations for presenting this rarely seen case successfully, however, figures should be done more detailed in order to be more professional. Indications of surgery is not clear in this asymptomatic case, aortic diameter must be given instead of ventricular or atrial diameter. Also, why performed surgery after 15 days? what is the reason? its must be explained

Thank you for the compliment. We have made necessary changes to address this question.

Indications for surgery were persistent pain, threatened exsanguination, mal-perfusion (renal and limb), rapid aortic enlargement and uncontrolled hypertension. Changes done on Page 6 Lines 32-34. The aortic diameter was 6 cm as inserted in Page 4 Line 7.

We apologize for the typo as the patient only waited for two days for hypertension control before surgery was done, rather than two weeks in the initial manuscript. Changes done on Page 4 Line 10.

Reviewer #4: Dear authors,

Thank you for submitting this article to the Journal of Cardiothoracic Surgery. This case report describes an interesting clinical scenario. On title page authors wrote the following statement listing another Journal: "All authors confirmed that this manuscript has not been previously published and is not currently under consideration by any other journal. Additionally, all of the authors have approved the contents of this paper and have agreed to the policies The Journal of Thoracic and Cardiovascular Surgery."

I hope so this was just "lapsus linguæ" and the manuscript is not being submitted simultaneously to another Journal. Please write "Journal of Cardiothoracic Surgery" instead "The Journal of Thoracic and Cardiovascular Surgery". We apologize for the lapsus linguæ and it has been amended accordingly. This article shows an interesting surgical approach, but extensive work is needed to improve the manuscript draft so to meet the quality requirements.

Done. The following methodological concerns should be addressed:
# An article has an overwhelming text and should be shortened and written in concise and clear way. Many sentences are either redundant or just presenting the usual clinical setting which should not take a place in case report. The intraoperative management should be shortened and focused on just specific surgical approach that is essential part of this manuscript. Done. Page 4 line 11-20.

# Introductory part should briefly explain: 1) What is known , 2) What treatment options are currently available and 3) what is new in the management that authors propose?
We have made necessary insertion on the explanation of these issues in the background section.

# Figures need extensive editing. Firstly, the size and proportions should be adjusted so to fit most common size and width to height ratio. Arrows with either numbers or letters should be provided to the readers may better understand the message and the anatomy.

Done.

# I appreciate handwriting scheme of the surgical approach in Figure 4. However, this figure representing surgical strategy needs artwork scheme, probably with professional drawing support. In addition to, this figure 4 needs to be divided into few panels (A, B,C,D) representing sequences of the surgery.

Done.

# Conclusion should be concise, probably in one or two sentences

Done.