Author’s response to reviews

Title: Perigraft abscess after DeBakey type-1 aortic dissection: a case report

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Version: 1 Date: 22 Apr 2020

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Dear Editor:

Thanks for the precious comments on our manuscript entitled "Perigraft abscess after DeBakey type-1 aortic dissection: a case report" submitted as JCTS-D-20-00071. We acknowledge the reviewer’s comments and suggestions very much, which are valuable in improving the quality of our manuscript. We revised the manuscript in accordance with the reviewers’ comments. Here below is our description on revision according to the reviewers’ comments.

Reviewer: 3
1. Page 4 line 47-49 (and perigraft access....) no reference.
   We added a reference at line 48.

2. Authors mentioned the previous pathology (acute DeBakey type-1) but they did not mention the exact procedure (underwent emergent cardiothoracic surgery and dacron graft repair of the total arch).
   Line 55-58: This patient underwent a very complicated operation after acute aortic dissection DeBakey type-1 including removing autologous aortic walls of the ascending aorta and arch, David procedure, elephant trunk stenting and dacron graft repair of the total arch.

3. Authors need to describe more detailed surgical procedure; was the exposure through suprasternal notch? or thoracotomy? which type of thoracotomy? right or left?
   Line 74-78: We have described more detailed surgical procedure ; We chose the median sternotomy.

4. The surgical pictures (Figure 2) need more clarification for the type of exposure, structures appeared in the figure and its relation to the abscess as they did in figure 1
   Line 214-217: We have described the legend (Figure 2) in more detail and the type of exposure.

5. As mentioned in the manuscript; All cultured were negative. what antibiotic was chosen? based on what? why 2 weeks duration? is it from the day of admission or after surgery?
   Line 85-87: Patient was still continued on intravenous antibiotics for two weeks from the day after surgery, it based on the empirical use of antimicrobial agents in the treatment of infections. We chose vancomycin for the pathogen was most likely to be gram-positive bacteria.