Author’s response to reviews

Title: Tracheo-innominate artery fistula with continuous bleeding successfully treated through the suprasternal approach: A case report

Authors:

Kaneko Shotaro (kaneko.shotaro.903@gmail.com)
Keiji Uchida (k_uchida@yokohama-cu.ac.jp)
Norihisa Karube (calve911@nifty.com)
Keiichiro Kasama (keiichirok0806@yahoo.co.jp)
Tomoyuki Minami (tomoyuki3711@hotmail.com)
Tomoki Cho (tomoggio@kd6.so-net.ne.jp)
Ryo Izubuchi (numberineryo@yahoo.co.jp)
Kenichi Fushimi (kenichi.fushimi@mc4.seikyou.ne.jo)
Naoto Yabu (naotoyabu0725@gmail.com)
Motohiko Goda (gogomotto@gmail.com)
Munetaka Masuda (mmasudaleuven@yahoo.co.jp)

Version: 1 Date: 23 Dec 2019

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December 17th, 2019

Dr Vipin Zamvar
Editor-in-Chief
Journal of Cardiothoracic Surgery
Dear Editor:

We wish to re-submit the manuscript titled “Tracheo-innominate artery fistula with continuous bleeding successfully treated through the suprasternal approach: A case report.” The manuscript ID is JCTS-D-19-00310.

We thank you and the reviewers for your thoughtful suggestions and insights. The manuscript has benefited from these insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in the Journal of Cardiothoracic Surgery.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. My revisions are indicated with tracks on. The responses to all comments have been prepared and attached herewith below.

Reviewer #1: I congratulate that the authors successfully treated with brachiocephalic trunk transection through the suprasternal approach in patients who had tracheo-innominate artery fistula. As the authors mentioned, tracheo-innominate artery fistula is a fatal complication after tracheotomy, which associated with severe infection and massive blood loss. I think that this case report has a little revision as follows.

1. After the transection of brachiocephalic trunk, is there aneurysmal change of aortic stump during followed-up?
2. In the suprasternal approach, did the authors dissect the rt. sternocleidomastoid muscle? Please describe the detail of approach methods.

Reviewer #2: Dear Authors,

I appreciated the reading of your interesting case reports about TIF in 2 patients treated with open repair without sternotomy.

In my opinion your paper would benefit of an accurate description of your technique in the methods section (especially of the approach, which is the novelty of your paper), with intraoperative pictures and also drawings if needed (preparation of the surgical field, position of the patient,...).
Moreover, a more extensive discussion about the choice of this approach should be added: how many TIF did you treat in your experience? In how many cases did you perform endovascular repair? Sternotomy? If so, did you experience some complications using endovascular approach/sternotomy? So this was the reason why you decided to change your approach.

Are there any factors/contraindications to take into account when choosing the suprasternal approach instead the traditional sternotomy (i.e. location of the TIF)? Any possible challenges (such as difficult control of the proximal part of the innominate artery)? Please discuss.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Shotaro Kaneko, M.D.
Cardiovascular Center, Yokohama City University Medical Center, Yokohama, 232-0024, Japan
4-57 Urafune-cho, Minami-ku, Yokohama, 232-0024, Japan
Tel: 81-45-231-5656
Fax: 81-45-231-1846
E-mail: kaneko.shotaro.903@gmail.com