Author’s response to reviews

Title: Percutaneous treatment of IVC obstruction due to post-resection hepatic torsion associated with IVC thrombosis

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Version: 1 Date: 09 Apr 2019

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CIRE-D-19-00001

Percutaneous treatment of IVC obstruction due to post-resection hepatic torsion associated with IVC thrombosis

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CVIR Endovascular

Response to Reviewers

Reviewer #1: Well written article of a rare case treated completely endovascularly.

Few points of clarification:

- please clarify time frame of the endovascular treatments described (1st thrombectomy, 2nd thrombectomy and stent). What was the time from 1st thrombectomy to rethrombosis of IVC? Time frame for 2nd thrombectomy and stent placement?

-----The 1st thrombectomy was performed and the IVC was patent. However, the vena became rethrombosed by the next day. At this time and after the review of the imaging, the decision was made to place the stent.
- please clarify when IVC filter was removed in relation to the thrombectomy.

---The suprarenal IVC filter was removed at the time of thrombectomy prior to stent placement. This has been clarified in the manuscript.

- authors describe follow up with stent patency up to 2 years. Was this with continued rivaroxaban treatment alone? Presumably there was no need for secondary intervention to maintain stent patency.

---The stent patency was achieved using rivaroxaban alone. No secondary intervention was needed to maintain patency. This has been included in the manuscript.

Reviewer #2:

Background:

page 2 line 37-39: meaningless sentences. Delete or specify

---Agree – these sentences were deleted

Case presentation:

What happened with the colonic mass? Only diverting ileostomy or also colon resection.

Please explain.

---The ileostomy was performed as a staged procedure in preparation for subsequent colonic mass resection which was performed 3 months later. This has been included in the manuscript.

Page 3 Line 54 give additional info of Z-stent. Length and diameter

---The Z-stent dimensions were 25mm x 5 cm. This has been included in the manuscript.

Discussion:

Well written discussion.

Page 4 line 35: the authors decided to use the Angiovac. Based on what arguments, are there alternatives? Would Angiojet PE, be an adequate alternative? Please discuss.

--Mechanical thrombectomy of the central veins is technically limited by the small caliber of many commercially available devices. We selected the AngioVac thrombectomy device given
the large diameter of the aspiration catheter and the utilization of a venovenous bypass circuit to treat the significant caval clot burden without substantial hemorrhage.