

November 15, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: (revised) 14389-edited.doc).

**Title:** Arteriovenous Malformation of the Vestibulocochlear Nerve

**Author:** Adam Tucker, Masao Tsuji, Yoshitaka Yamada, Kenichiro Hanabusa, Tohru Ukita, Hiroji Miyake, Takehisa Ohmura

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 14389

The manuscript has been improved and revisions were been made as follows, according to the suggestions of the reviewers:

- 1 The patient was followed with regular clinical and CT radiological examinations at approximately 2 to 3 month intervals. MRI was performed biannually. This was included in the manuscript.
- 2 AN was spelled out in the manuscript.
- 3 As recommended the Spetzler-Martin grade was changed from grade II AVM (S1V1E0) to SM III (S1V1E1, due to the eloquent location and associated higher grade and surgical risk.
- 4 As pointed out by the reviewer, the proximal AICA aneurysm could have been the source of SAH, and placing a clip distal to it could have lead to increased hemodynamic stress on this aneurysm, due to limited distal outflow. And although this procedure as well as the angioarchitecture of the lesions differed from that of the Barrow group, both lesions reside near critical neurovascular structures and flow reduction to the inflow vessel to the aneurysm were considered. We made additional comments for these points in the manuscript.
- 5 Residual flow to the AVM could have been due to ECA feeders, yet the patient declined post-operative or follow-up angiography. In addition, although this residual lesion could be treated by embolization or radiosurgery, again the patient declined such measures. An added clarification to this effect was made in the manuscript.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours,



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