30299-ANSWERING REVIEWERS

Respected reviewers,

The manuscript has been revised as per suggestions and the changes have been highlighted in the text file. Since the manuscript has been rewritten extensively, most of the previous lines and paragraphs have changes. The most significant of the changes have been highlighted separately and the remaining have been incorporated in the text.

Thanks and regards

Authors

Reviewer No.	**Reviewer Comments**	**Corrections**	Page Number	Line number
Reviewer 1	1.Some small corrections of the text are needed (points, commas, brackets).	Respected reviewer, corrections have done at appropriate places		
	1.Redundancies be removed along with the multiple repetitions of the same content throughout the manuscript. 2.The bullet style/numbering style of manuscript writing does not suit a review article and the authors should consider editing the format.	Respected reviewer, the text has been thoroughly modified and corrections have been done at appropriate places The text has been thoroughly modified and corrections have been done at appropriate places „		

	3. It would be interesting to discuss here regarding any societal recommendations on role of IR in cases of trauma.	CIRSE guidelines included	32	1-8
	4. Most of the text in the manuscript is written in a numerical order unlike a review article.	Appropriate corrections have been done		
	5. Please provide background details and more details on the different roles of IR in trauma rather than enumerating under different headings.	Appropriate corrections have been done		
	6. The manuscript is too long and there are several repetitions and redundancies in the manuscript.	The text has been thoroughly modified and corrections have been done at appropriate places		
	7. The authors should include management considerations for mesenteric vascular	Role of IR in mesenteric injury has been incorporated in the text	29	10-23

	injury and role of IR in mesenteric trauma. 8. What is the role of IR in bowel injury? 9. Please also provide distinction between role of IR in blunt vs penetrating abdominal trauma? 10. What is the role of IR in thoracic vascular injuries? What is the role of IR in head and neck trauma? 11. Role of nonvascular interventional procedures in trauma? 12. Figure 1, 6, 9, 12, 13, 19, 20. Are the charts in these figure - author's own algorithm or is there a reference for the same. In the latter case, please cite the reference?	Role of IR in bowel injury has been incorporated in the text The distinction between the role of IR in blunt vs penetrating abdominal trauma has been incorporates Role of IR in thoracic vascular injuries (aorta and its branches) and traumatic head and neck injuries have been included Role of nonvascular interventions in trauma has been briefly discussed Respected reviewer, these charts are author's own algorithm	29 5 30 31	10-23 2-9 4-17 19-25
Reviewer 3	1.It seems somewhat superficial and not quite up-to-date. It does not give much new	Appropriate corrections have been done throughout the text		

	information.			
	2.Traumatic thoracic aorta rupture treatment with endoprostesis has replaced surgical treatment in trauma patients. This should be included in an article of this kind.	Role of IR in traumatic thoracic injuries have been included	30	4-17
	3. Discuss about basic trauma management principle like ABCD etc.	Basic trauma management protocol has been described	4	1-14
	4. IR also plays an important role in patients with hostile neck and abdomen.	Role of IR in hostile neck and abdomen injuries have been incorporated	30 31	20-25 1-15
	5. On p 3 and 5 (false negative angio) the "cut-off" sign should have been mentioned (no flow through the ruptured vessel) at the time of examination.	Sign has been included in the text	10	14-15
	6. Same p "exuberant ..." contralateral examination and possible		8	4-6

	embolization in pelvic trauma should be mentioned. 7. When the patient is on AC treatment or has coagulopathy there are fluid materials, plugs or hydrocoils as alternative embolization materials. It is important to stress that patients and symptoms are to be treated, not pictures (p 6). 8.In table 1 p 6 - 8 another indication for use of gel sponge and standard coils is that they are cheap. Nothing is said about e.g. hydro coils, detachable coils or onyx or other fluid materials. Nothing about indications of use in coagulopathy. The vascular plugs also come in small sizes. Gel sponge is said to be the safest embolic agent.	Embolizing agents which can be used in coagulopathy has been incorporated in the text Corrections have been done in Table 1 and text	16 14 15 16	1-20 2-9 2-11 1-7

	This is not generally accepted. Starch microparticles are also temporary agents.	It has been corrected to hemodynamic instability	24	3
	9. P 14 "As hemodynamic stability....." should be "hemodynamic unstability..."??	Correction has been done		
	10. Nothing is mentioned about the positive effect of pelvic sling as a bridge to IR to limit the bleeding until embolization can be performed.	Correction has been done.	24 33	5-10 10-11
	11.On p 20: "glue is preferred in coagulopathy...) but also onyx, hydrocoils etc. are options and more easy to handle.	Algorithm has been corrected		
	12.Figures: Fig 1 to the left side "good collateral circulation, e.g. liver" needs embolization....(sandwich			

	technique) - this is not correct and not demonstrated in figs 2, 3, 4 or 5 with liver traumas. Same fig to the right side: "Proximal embolization...." needs large sized coils and "occlusion device"??? Occlusion device is used for closure of the puncture site.	Correction has been done	39	13
	13.Fig 2 text. Arrows shown in d not mentioned in the text.	Correction done		
	14.Fig 3: Asterix and arrow mentioned in the text not visible on the figure.	Correction done		
	15.Fig 5: arrows and Asterix referred to in the text not visible on the figure.	Correction done		
	16.Fig 7 and following figures: In first part of the figures the Pictures are marked "a" and "b"			

	but that is also the case with the following pictures in the same series. Should be marked "c", "d" etc.... 17.Fig 12 "Recommended protocol for managing suspected blunt splenic trauma" should be "renovascular" trauma. 18. Fig. 14: the text is given twice. 19.Fig. 19: no text to figure - should be treatment.... 20.P 49 - 68 is a repetition of p 28 - 48	Correction done Correction done Correction done Correction done	40 41	40 44