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#### **SPECIFIC COMMENTS TO AUTHORS**

I think important to underline the difference between 2 conditions in superior mesenteric artery embolization: a sufficient or not presence of good collaterals to the obstructed segment, that can mitigate the danger on the bowels circulation and give time for interventional procedures. Besides I suggest to discuss the possibility of an hybrid approach to this acute condition: laparotomy and dissection of the superior mesenteric artery, and its catheterization for endo-radiological procedures. This could be interesting in case of a difficult trans-cutaneous arterial approach.

#### **Answers to reviewer:**

First, a sufficient collaterals to the obstructed segment can mitigate the danger on the bowels circulation and give time for interventional procedures.

Second, as for the difficultly trans-cutaneous case, it is a good choice using hybrid approach. SMA puncture was practiced under genuine direct vision can avoid dissection of the superior mesenteric artery. Furthermore, The intestines can be detected though laparotomy .

Thank you very much for your comments