

ANSWERING REVIEWERS

September 27, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 12651-edited.doc).

Title: Traumatic Carotid - Rosenthal Fistula Treated with Jostent Graftmaster

Author: Hesham Allam; R Charles Callison; Daniel Scodary; Aws Alawi; Daniel W Hogan, Amer Alshekhlee

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 12651

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) Please revise "Sylvian". I'd like to learn the stent size. I'd also like to learn about how the authors navigated the stent; guiding catheter type, size, guide-wire? What's the antiplatelet regime after the procedure?.

Reply: We revised the word "Sylvian". A paragraph about the stent size, navigation, guiding catheter system, and antiplatelets therapy after procedure was added in the revised manuscript.

- (2) Thank you for allowing me the review of the manuscript with the title "Traumatic Carotid - Rosenthal Fistula Treated with Jostent Grafmaster". The authors here report a rare case of a traumatic arteriovenous fistula between the carotid artery and the basal vein of Rosenthal. The fistula was treated with a covered stent, which brings technical and management challenges. The article is of interest, however many readers would be interested in the authors' thoughts in the decision to choose a single versus double antiplatelet agents especially during the acute phase of the trauma and then their decision about the long term management of the antiplatelet regimen. These thought will enhance the manuscript

Reply: We appreciate reviewer's comment. Indeed it is challenging to implant these devices without guidelines especially with regard to the antiplatelet therapy especially when the initial presentation is hemorrhagic. We added a sentence in the discussion section to reflect on this challenge.

- (3) Excellent case presentation, good treatment options and discussion. It would be nice to see neuro-imaging of the patient at admission and do a comparison with the 3-month MRI. Also, a picture of the actual stent graft system and some technical aspects would enhance the reader's comprehension.

Reply: We thank reviewer for the positive comments. We added a paragraph with regard to the technical aspect in the manuscript (see reviewer 1 comments and reply). We apologize that we do not own an image for the Jostent Graftmaster for publication; however, various images available on various websites.

- (4) The paper describes a traumatic carotid cavernous fistula with posterior drainage, the authors mentioned extravasation of contrast, it looks like they are pointing to the posterior cavernous sinus and clival plexus, the posterior drainage of the cavernous sinus into the superior petrosal vein is not identified and there are also anastomosis with the middle cerebral vein that would allow for drainage

into the vein of Rosenthal. The paper reports the usage of a covered stent for a CC fistula and this is well documented in the literature.

Reply: Indeed the posterior pointing of contrast extravasation made it suspicious and intriguing to visualize the Basal Vein of Rosenthal through the fistulous tract. Only a few case report suggesting the covered stent as an option to treat conventional carotid-cavernous fistula.

(5) Nice case report, well written and concise

Reply: we appreciate the positive comments

References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Radiology*.

Sincerely yours,

Amer Alshekhlee, MD, MSc
Interventional Vascular Neurology
Director: DePaul Health Center's Stroke Program
St. Louis University, Department of Neurology
12255 DePaul Drive, Suite 200
Bridgeton, MO 63044
Tel (314) 355-3355
Fax (314) 355-6584
Email 'amer_alshekhlee@ssmhc.com'
Email 'aalshekh@slu.edu'