

Format for ANSWERING REVIEWERS



November 18, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14055-review.doc).

Title: Endovascular retrieval of a prematurely deployed covered stent

Author: Jefferson T Miley, Gustavo J Rodriguez, Ramachandra P Tummala

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 14055

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

Reviewer 2635498

Thank you for your input.

Reviewer 2510166

Thank you for your time and your input as the points made by the reviewer will with no doubt enhance the paper. Changes in the manuscript have been highlighted.

The reason behind using a covered stent was explained in the text, basically we had had experience with the covered stent before and was successful, also reports were available in the literature and no standards procedure is claimed as the gold standard for this condition.

The procedures were done back to back as explained in the manuscript, the patient was having visual loss and we decided to emergently proceed, under general anesthesia. The patient did well and after the procedures and at follow up in a few weeks he was cured.

Probably given this case probably in the future the first line of treatment would be coil embolization of the SOV and ipsilateral cavernous sinus, but many factors play a role in the case. Definitely not a good option if tortuosity of the vasculature is noted.

Reviewer 227564

References have been ordered as suggested. Thank you.

Reviewer 227360

Thank you for your time and input. Our changes have been highlighted. The idea of using the covered stent is to minimize the number of steps of the treatment. We had successful cases before and did have some experience, as there is no intracranial indication for this stent, an emergent IRB application was submitted and approved. We did not think self-expandable stent use was a good option as we thought adjunctive coil embolization would be necessary and most likely venous access would be required as it is sometimes a challenge to cross the fistula point. Transvenous coil embolization would be our best second option for that given case.

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

Sincerely yours,

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Running Title: Covered stent retrieval