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Mechanical thrombectomy for acute occlusion of the posterior inferior cerebellar artery: A case report

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World Journal of Clinical Cases

Dear Editor:

We deeply appreciate the time and effort you have invested in reviewing our manuscript. We revised the manuscript in accordance with the Reviewers' comments, and carefully proof-read the manuscript to minimize typographical, grammatical, and bibliographical errors. You will find our point-by-point response below.

Each of the co-authors, including Hongbo Zhang, MS; Pian Wang, MS; Jiang-Hong Wang, BS; Rong Li, BS; Zheng Li, BS, Yan Wang, BS. has reviewed and approved of the revised manuscript. We hope that it now meets your expectations and all requirements for publication in World Journal of Clinical Cases.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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Response to the Reviewers

We thank the Reviewers for their valuable comments and suggestions that helped us improve our paper substantially. According to the Reviewers' comments, we revised the manuscript where necessary.

Reviewer #1:

Specific Comments

1. This is an interesting case that should be published. The English can be improved.

Response: We thank the Reviewer for this helpful comment. We have corrected all linguistic and syntax errors in the manuscript.

Reviewer #2:

Specific Comments:

1. The manuscript needs improvement in English.

Response: We thank the Reviewer for this helpful comment. We have corrected all linguistic and syntax errors in the manuscript.

2. Figure 1 is suggested to be CT angiography in the case report, however the images are those of DSA.

Response: We thank the Reviewer for pointing this out. We fully considered the comments of the reviewers and thought it is better to use CT angiography.

3. Were the left subclavian/vertebral artery injections done before starting the ICA stenting procedure? If yes (as it seems from Figure 1), DSA is likely to be the source of distal thromboembolism and PICA occlusion.

Response: We thank the Reviewer for this comment. As it seems from Figure 1, the left subclavian/vertebral artery injections were done before starting the ICA stenting procedure. The CT angiography before the surgery can tell that there is a mixed

plaque at the beginning of the left subclavian artery. So, We consider that PICA occlusion is caused by plaque shedding during subclavian arteriography.

4. The case presentation may be aggregated into a single or two paragraphs, merging the various subsections like history of past illness, physical examination, etc.

Response: We thank the Reviewer for this comment. We have already revised the case presentation into a single paragraph.

5. It would be better to present the microcatheter in the same projection as that of vertebral artery DSA to make a comparison of the extent of the microcatheter.

Response: We deeply thank the Reviewer for pointing out this useful comment. In that emergency situation, we just thought the patient's left PICA opening is relatively low, we chose a PICA working position to remove the thrombus after the LVA 3D imaging in order to avoid other vessels from blocking the diseased vessel. Like the reviewer said, maybe better to present the microcatheter in the same projection as that of vertebral artery DSA to make a comparison of the extent of the microcatheter. We will learn from the lesson and make various considerations in future patients.

6. It would be worthwhile to discuss the safe limit to which the microcatheter can be navigated in the PICA (with respect to its segments) as well as in other 2nd and 3rd division vessels.

Response: We thank the Reviewer for pointing this out. As we know, only one suction catheter (Penumbra) has been approved by FDA and CFDA for aspiration. And the 3Max microcatheter is applicable to blood vessels above 1.3mm in diameter, such as A3, M3, P3. And before aspiration, we measured the PICA diameter, its first and second segments is 1.42-1.5mm.

7. What was eventually planned for the subclavian artery plaque which caused PICA occlusion?

Response: We thank the Reviewer for pointing this out. Since the stenosis of the left subclavian artery is less than 70%, we choose conservative medical treatment.