

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Good work...

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Left sided IVC refers to a variant course of the inferior vena cava. It is the most common anomaly of IVC and occurs due to persistence of left supracardinal vein. Deep vein thrombosis occurs with a prevalence of 1:1000. It is seen less in younger population with an estimated incidence of 1:10000. Anomalies of IVC are an independent risk factor for DVT. DVT associated with left sided IVC usually affects young population. This case is 66 years. In general, IVC malformations (left sided IVC) are often DVT in younger population. I ask some questions to author. 1. Please tell me the reason why this case developed at 66 years. 2. Tell me the etiology of this patient's DVT.

After the thrombolysis procedure, we conducted contrast-enhanced computed tomography (CT) which revealed that the right iliac vein was compressed by the right iliac artery and its branches in many places, and was clearly compressed and stenotic. Many collateral vessels had formed in the pelvic cavity, and the left iliac vein was significantly wider than that on the right side.

In order to explore the cause of deep venous thrombosis of lower extremity and answer the reviewer's questions, telephone follow-up carefully inquired about the patient's medical history. The patient had a history of multiple soft tissue injuries caused by falls 12 days before admission. After the injury, he stayed in bed and found swelling of the right lower limb for 2 days. The reason why the patient concealed the medical history was that he was afraid that the medical insurance would refuse to pay the hospitalization expenses.

Combined with the patient's medical history and imaging findings, I believe that multiple compression and stenosis of the right iliac vein and slow blood flow caused by bed rest are the causes of deep vein thrombosis in the right lower extremity.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Sir, It is really a case presentation that should be printed as it is representative and interesting. It would be interesting if you complete your analysis if you let us know what could had had happened as a contributing pathogenic factor in this case, as you remark that "are only discovered incidentally when patients are undergoing

abdominal surgery or imaging evaluations" and are you expecting your patient should take anticoagulants for a long time? And second, after the thrombolysis procedure did you performed a new doppler scan or angio CT scan to verify the outcome? Are you planning to do? Why or why not? and if you already had done could you show us? Hope to have your prompt answer in order to print it. Sincerely

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This patient does not need long-term anticoagulation.

In order to accurately assess the anatomy of the retroperitoneal venous system in this patient, we conducted contrast-enhanced computed tomography (Figure 1,2) after the thrombolysis procedure, and echocardiographic findings were normal.