

June 29, 2021

Dear editor,

Please find attached files of revised manuscript in word format

**Title: Efficacy and safety of bridging therapy and direct mechanical thrombectomy in the treatment of cardiogenic cerebral infarction with anterior circulation macrovascular occlusion**

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**Name of Journal:** World Journal of Clinical Cases

**Manuscript NO:** 67251

First of all, thank you for your careful guidance of this article. Revision has been made according to the suggestions of the reviewer:

**Reviewer: 06081549**

The manuscript investigated the efficacy and safety of bridging therapy and direct mechanical thrombectomy in the treatment of cardiogenic cerebral infarction with anterior circulation macrovascular occlusion. 96 patients with cardiogenic cerebral infarction with anterior circulation macrovascular occlusion in their hospital were divided into direct thrombectomy group and bridging group. Statistics were made on the treatment of the two groups, vascular recanalization, NIHSS and GCS scores before and after treatment, prognosis and incidence of adverse events. There was no significant difference between the preoperative direct thrombectomy group in the from admission to imaging examination, the recanalization rate, NIHSS score and GCS score, the rate of good prognosis and the incidence of adverse events. Finally, they concluded that Bridging therapy and direct mechanical thrombectomy in the treatment of cardiogenic cerebral infarction with anterior circulation macrovascular occlusion can achieve good vascular recanalization effect and prognosis, improve the neurological function of the patients, and have safety. The experiment of the study is designed very well, aims are very clear. Methods are reasonable. Data in tables are very good, and well discussed. Finally, the manuscript also reviewed previous related literature. I suggest adding a description of the limitations of this research. Thank you for giving opportunity to review your study.

**Reviewer: 06081580**

Both bridging therapy and direct mechanical thrombectomy have their

advantages in the treatment of cerebral infarction. However, the difference between these two methods in cerebral infarction with anterior circulation macrovascular occlusion still needs to be further explored and confirmed. As a consequence, ninety-six patients with cardiogenic cerebral infarction with anterior circulation macrovascular occlusion in the authors hospital were selected to explore the efficacy and safety of bridging therapy and direct mechanical thrombectomy. According to their results, bridging therapy and direct mechanical thrombectomy for the treatment of cardiogenic cerebral infarction with anterior circulation macrovascular occlusion are both safe interventions that can achieve good vascular recanalization effects and improve the prognosis and the neurological function of patients. Comments 1: The author could introduce the two treatments in detail to enrich the background information. 2. In my opinion, for the general data in the material method section, there is actually no need to list demographic data, because it belongs to the content of the results section. Here only need to introduce the research methods and grouping clearly. In addition, this part can also add a table to list the basic demographic data, which will make the presentation of the results clearer. 3. Observation indicators and data analysis are introduced clearly. The results are described in 4 tables, which are well presented and can be seen clearly at a glance. I suggest that the meaning and scope of adverse events could be described in detail. 4. There are only 96 patients in this study, and the number of patients assigned to each group is relatively small, and the study was conducted in only one hospital, so the article still has some limitations. It is recommended to indicate and propose the next research direction in the article. I recommend accepting this manuscript for publication after a minor editing.

After receiving the comments, we read the article carefully and enrich the background information. I added a table to list the basic demographic data and described the adverse events. At the end of the article, the limitations of the article and the next research direction are added.

According to the suggestion, we changed the relevant description.

Thank you again for publishing our manuscript in the World Journal of Clinical Cases.

Sincerely Yours,

Hongju Ding