

Re: Manuscript NO: 68187 entitled " Successful Management of Infected Right Iliac Pseudoaneurysm Caused by Penetration of Migrated Inferior Vena Cava Filter: A case report"

We thank the editors for the positive feedback and the thorough reviews. In the attached "68187-Answering Reviewers" file, we address the reviewer's comments (reviewer's comments are underlined), and where indicated, we have provided answers to the editor's concerns in point-by-point fashion. The corresponding changes in the revised manuscript have been highlighted in **blue**.

Response to Reviewer:

Response to reviewer#1

1. The rationale to use Moxifloxacin for 6 weeks after surgery?

Response: Thank you for your helpful comments. We added the rationale to use Moxifloxacin for 6 weeks postoperatively in the discussion section of revised manuscript (Page 9 Paragraph 2).

Antibiotic therapy is an important part of infected aneurysm treatment. As for the duration, the optimal length of antibiotic therapy for infected pseudoaneurysm was controversial and should be individualized, but antibiotic therapy for at least 6 weeks to 6 months postoperatively may be considered according to current consensus[1,2]. In our case, the choice of moxifloxacin was based on the results of culture and sensitivity tests of the resected pseudoaneurysm, which was an effective and relatively safe option for the treatment of patients with intra-abdominal infections. As the infected tissue was debrided with no prosthetic material used, and the bacterial culture of peritoneal drain turned negative on postoperative day 7. After a 6-week antibiotic therapy, the patient has no fever, and the laboratory tests indicated normal level of procalcitonin and leukocyte count, thus, the antibiotic therapy was cessation.

2. What is the unique point in your case report which can contribute to literature?

Response: Thank you for your helpful comments. We present the case to demonstrate that an indwelling IVC filter in ilio caval confluence, even 'embedded' within organized thrombus, could still cause life-threatening complications and an improper filter retrieval procedure might be the trigger of all problems. Thus, the decision to leave the filter "permanent" should not be applied lightly, especially for young patients. More aggressive strategy might be necessary for those patients with filter in abnormal position to reduce the risk of long-term filter-associated complications. We added this point at the discussion and conclusion sections (Page 9-10).

Response to reviewer#2

1. Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Minor language correction needed. Forwarded as attachment.

Response: Thank you for your helpful comments. We apologize our negligence. We have revised the grammatical errors carefully as you suggested.

Response to Science editor:

1. Summary of the Peer-Review Report: There is only concern about the specific contribution to science (literature) with this report; since this type of complication has already been published. That is, caudal migration of IVC filter and surgical repair as described in the literature. Reviewers's concerns should be addressed.

Response: Thank you for your helpful comments. We present this case with complicated IVC filter-associated complication to draw attention to indwelling IVC filter in ilio caval confluence. We have revised the discussion and conclusion sections as reviewers' and editors' suggestion (Page 9-10).

2. Academic misconduct: no specific misconduct was found by google search. However, I would like the editorial office to "double check" the reference herein included; since this is a very similar case in the area. Does "Case Presentation" section follow author Guidelines? Article Highlights are missing. We understand authors'enthusiasm for this rather interesting case. However (and with all due respect for the reviewers), there is concern about the originality of information that has already been published.

Response: Thank you for your comments. We admit that our case has something in common with previous study, but our case was more complicated. The IVC filter was 'embedded' in chronic ilio caval thrombosis and concurrent infected iliac pseudoaneurysm made operation more difficult. We have revised the discussion and conclusion sections to make our point more clearly.

3. ISSUES RAISED: A certificate of edition was issued. Case presentation requieres minor english editing.

Response: Thank you for your helpful comments. We apologize our negligence. We have revised the grammatical errors carefully as you suggested.

Response to Company editor-in-chief:

1. I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Response: We appreciate your comments. We have revised the manuscript as you suggested.

1. Chakfé, N.; Diener, H.; Lejay, A.; Assadian, O.; Berard, X.; Caillon, J.; Fourneau, I.; Glaudemans, A.W.J.M.; Koncar, I.; Lindholt, J.; et al. Editor's Choice – European Society for Vascular Surgery (ESVS) 2020 Clinical Practice Guidelines on the Management of Vascular Graft and Endograft Infections. *Eur. J. Vasc. Endovasc. Surg.* **2020**, *59*, 339–384, doi:10.1016/j.ejvs.2019.10.016.
2. Wilson, W.R.; Bower, T.C.; Creager, M.A.; Amin-Hanjani, S.; O'Gara, P.T.; Lockhart, P.B.; Darouiche, R.O.; Ramlawi, B.; Derdeyn, C.P.; Bolger, A.F.; et al. *Vascular Graft Infections, Mycotic Aneurysms, and Endovascular Infections: A Scientific Statement from the American Heart Association*; 2016; Vol. 134; ISBN 0000000000000.