

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

**Manuscript NO:** 72998

**Title:** Blunt aortic injury - Traumatic aortic isthmus pseudoaneurysm with right iliac artery dissection aneurysm: A case report

## **LETTER TO THE EDITOR**

Dear Editor,

Thank you for reviewing our manuscript entitled “**Blunt aortic injury - Traumatic aortic isthmus pseudoaneurysm with right iliac artery dissection aneurysm: A case report**” by Xiaoxin Fang, Xinhui Wu, Xiaofeng Chen.

We thank the reviewers for their positive comments and valuable suggestions which were highly insightful and allowed us to greatly improve the quality of our paper. We were also pleased for the opportunity to resubmit a revised manuscript. I have made my best effort to resolve all the issues in the manuscript based on the peer review report and here is the point-by-point response to each of the issues.

We would like to thank you and the reviewers again for taking the time to review our manuscript. We hope that the revised manuscript is now suitable for publication in the *World Journal of Clinical Cases* and the manuscript and will be most grateful for your kind consideration and look forward to your reply in due course.

Yours Sincerely,

Ms Fang

## **COMMENTS AND RESPONSES**

**Reviewer #1:**

**Comment 1:**

*Please make the introduction and conclusion in the abstract concise*

**Response:**

Thank you for your valuable suggestions. We have searched some similar articles based on your suggestion and revised the introduction and conclusion appropriately.

**Revisions:**

**Page 2 Conclusion:** We highlight that emergency trauma centers should consider the possibility of aortic injury in patients with severe motor vehicle crashes and repeat the examination when necessary to avoid missed diagnosis.

**Page 3 Introduction:** Blunt aortic injury most often occurs after sudden deceleration, usually in automobile crashes. This manifestation is very rare, with a statistical incidence of approximately 0.3%, but can have serious consequences and is the second most common cause of all nonpenetrating traumatic deaths. Almost 88% of patients with traumatic aortic injuries die within the first hour, and only 2% survive long enough to develop a pseudoaneurysm. Clinical presentations of pseudoaneurysms include local mass, severe chest pain, myocardial ischemia, and heart failure secondary to valvular regurgitation or cardiac compression, diagnosis of pseudoaneurysms with typical clinical manifestations is relatively easy, but nonobvious symptoms of pseudoaneurysms prone to misdiagnosis or miss. For patients who survive the initial injury, rapid detection and diagnosis are critical.

**Comment 2:**

*Please describe in detail the mechanism of the motor vehicle collision that occurs in this patient to ensure the acceleration and deceleration mechanism which is the cause of the aortic pseudoaneurysm in this patient.*

**Response:**

Thank you for pointing this out. According to your suggestion, we added the description of the damage mechanism.

**Revisions:**

**Page 2 Case summary line 2-5:** The patient is a 76-year-old male who was knocked down by a fast-moving four-wheel motor vehicle while crossing the road (the damage mechanism is side impact).

**Comment 3:**

*Did the patient have a ct scan for the thoracoabdominal area at the time of the accident 3 months ago? This is a screening for trauma patients, especially patients with small bowel injuries and pelvic trauma.*

**Response:**

Thanks for your suggestion, we have added the results of chest, head CT and total abdominal enhanced CT from local hospitals 3month ago.

**Revisions:**

**Page 2 Case summary line 5-10:** He received chest, cranial CT and the whole abdomen enhanced CT in the local hospital, the images suggested subarachnoid hemorrhage, right frontoparietal scalp hematoma, fracture of the right clavicle and second rib, lump-shaped mediastinal shadow outside the anterior descending thoracic aorta (mediastinal hematoma), mesenteric vascular injury with hematoma formation, and pelvic fracture, subluxation of left sacroiliac joint.

**Comment 4:**

*Please be consistent whether the patient follow-up that the author did for 2 or 4 years? There is a difference in the statement in "OUTCOME AND FOLLOW-UP" and the last sentence in "DISCUSSION".*

**Response:**

Thanks for your kind reminder. We have corrected the follow-up time.

**Revisions:**

Please refer to the revised manuscript.

**Reviewer #2**

**General Comment:**

*It is an interesting manuscript. Authors succeed to present their data in a clear way adding information to the existing literature. Therefore, I have no corrections to do and the manuscript can be published unaltered.*

**Response:**

Thanks for your positive comment, it is our honor to get your approval.

**Revisions:**

None.

**Reviewer #3**

**General Comment:**

*Broad pertinent approach for best professional advancements.*

**Response:**

Thanks for pointing out our shortcomings, I have made my best effort to resolve the issues in the manuscript.

**Revisions:**

Please refer to the revised manuscript.

**Comment 1:**

*Persistent is described as per presentation. However, what worsened during rehabilitation should be made clear.*

**Response:**

Thanks for your comment. This patient chest pain after trauma for 3 months and aggravated for half a month. Presenting as continuous mild chest pain and without obvious inducement transient aggravated.

Thanks for your suggestion, I have applied the green font to the article.

**Revisions:**

**Page 4 Case Presentation:** Please refer to the revised “History of present illness”

**Page 2 Case summary:** Please refer to the revised manuscript.

**Comment 2:**

*Low incidence does not & should not make early diagnosis very difficult, but points towards vigilance.*

*How to suspect is important. Clinical features should be at the forefront, if incidence low.*

*How to reduce mortality?*

*How to identify high risk groups? Who are the high-risk groups? Trauma affects all equally. Is this only on plain chest radiography?*

*Vigilance for symptom change is not understood. Or is it all symptoms pointing towards aortic injury, which is the broad purpose of the case report.*

**Response:**

Thanks for your comments and suggestions, I have cut out some of the inappropriate expressions and applied the green fonts to the article.

**Revisions:**

**Page 9 Conclusion:** Please refer to the revised manuscript.

**Comment 3:**

*Acute management not the aim/purpose of case report, then why in the core tip.*

*In 'Core tip' it is important to not only mention individual patient recovery, but a broad perspective for best practices for all should be given.*

**Response:**

Thanks for your comments and suggestions, I have cut out some of the inappropriate expressions and applied the green fonts to the article.

**Revisions:**

**Page 3 Core tip:** Please refer to the revised manuscript.