

Dear Editor and Reviewers

Thank you very much for your kind consideration for publication of our manuscript, entitled "*Application of Hybrid Operating Rooms for Clipping Large or Giant Intracranial Carotid-Ophthalmic Aneurysms, Manuscript NO.: 58265*". On behalf of my co-authors, we would like to express our great appreciation to you and the reviewers.

The comments were all valuable and were very helpful for revising and improving our paper. According to the comments and suggestions of the reviewers and the editor, we have revised the manuscript and have responded, point by point, to the comments, as listed below. Revised portions are marked in light grey in the paper.

I would like to submit this revised manuscript to **World Journal of Clinical Cases** and hope that it is now acceptable for publication.

Looking forward to hearing from you!

With kindest regards,

Yours sincerely,

Corresponding author.

Replies to Reviewers and Editor

First, we thank both reviewers and the editor again for their careful review and valuable comments. The comments are all helpful for revising and improving our manuscript.

REVIEWER COMMENTS

Reviewer A

1* Reviewer A: Comments to the Author

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is a very relevant article on hybrid approach to managing the para-clinoidal ophthalmic artery aneurysm with the intent for maximizing best clinical outcome in these cohorts of patients. This will certainly provide newer dimensions in managing these complicated cerebral aneurysms.

Answer: Many thanks for your careful review and positive comments. We had reviewed your comments several times, and found that it was pretty meaningful and helpful for our study. We aimed to explore and summarize the technical features and effectiveness of the application of a Hybrid-OR in dealing with major intracranial carotid-ophthalmic aneurysms. The Hybrid-OR provides new ideas for the surgical clipping of large or giant intracranial carotid-ophthalmic aneurysms and effectively decreases the rate of intraoperative vessel stenosis and unsuccessful clipping. We hope this study will have some guiding significance for future scientific research workers and clinical workers. Meanwhile, we had already recognized that our article has a lot of formatting problems. We have revised the manuscript and have responded, point by point, to the comments based on the comments and suggestions of the editors. Revised portions are marked in light grey in the paper.