Point-by-point responses to the reviewers' comments

Reviewer 1:

#1.

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: First of all, the article is very interesting, innovative and very well illustrated by the images form the radiological studies. I have only a few comments:

1. "The article's title is a little confusing- maybe try to shorten or re-arrange. "

Response

Thank you for this helpful suggestion. We have revised the title according to your and Reviewer #2's suggestion (Page 1, lines 4–6):

"**Successful treatment of traumatic injury to the pharyngeal branch of the ascending pharyngeal artery using transcatheter arterial embolization: two case reports**"

2. "In the full text- Case 1 presentation- History of present illness- the authors should re-assess if it is necessary to clarify that the patient was discharged after only 1 night observation. "

Response

Thank you for this suggestion. The following text has been added to clarify why the patient was discharged soon (Page 6, lines 4–8):

"The clinician decided to discharge the patient after observation for only one night because they considered the bleeding to have stopped. However, the patient felt that the bleeding continued and was referred to our hospital for further treatment (day 1 at our hospital)."

3. “Avoid repetitions. “

Response

Thank you for this comment. The manuscript has been edited to reduce redundancy.

4. “Use the proper coding system for the references according to Format for references guidelines “

Response

Thank you for pointing this out. The guidelines have been checked and the text has been revised accordingly.

5. “The authors may try to cite more similar cases in the discussion. “

Response

Unfortunately, we could not find any more similar cases. This is likely because such cases are rare. However, we now cite a related case that underwent transarterial embolization for external carotid arterial branches, including the ascending pharyngeal artery, due to carotid blowout syndrome (Page 11, lines 8–15):

“A previous report described the use of n-butyl cyanoacrylate (NBCA) for embolization of the APhA [16]. NBCA is a liquid-type embolization material that can achieve complete and eternal embolization, and so is preferred when hemorrhage is severe or life-threatening. However, as non-target embolization could cause cranial nerve paralysis, the application of APhA must be carefully scrutinized.”

6. “The conclusion is too simplified”

Response

The conclusion has been expanded as follows to emphasize our experience (Page 11, lines 27–29):

“An appropriate embolization material should be selected by considering how the target vessels are distributed, cranial nerve preservation, and bleeding severity.”

Reviewer 2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: The authors report two cases of transcatheter arterial embolization (TAE) for the treatment of traumatic injuries to a branch of the ascending pharyngeal artery. The cases are interesting, describing rare injuries, and are illustrated by high-quality images. However, the introduction and discussion sections do not offer sufficient context for the reader to appreciate the relevance of the cases described. For example, how common is this type of lesion, and what are the alternatives for treatment other than TAE? What are the major risks and benefits associated with the described treatment, when compared to other therapeutical options? Writing in the english language also needs to be reviewed. For example: the title could more appropriately be "Successful treatment of traumatic injury to the pharyngeal branch of the ascending pharyngeal artery using transcatheter arterial embolization /two case reports"; Page 3 Line 29: "demonstrated a complex"; Page 3 Line 31:"demonstrated a irregularity in the third portion"; Page 8 Line 7: "response to infusion was good". A more detailed description of the facial fractures suffered by the patient in Case 2 would be interesting.

Response

Thank you for your thoughtful review and comments. Please find our point-by-point response below:

1. “How common is this type of lesion, and what are the alternatives for treatment other than TAE?”

Response

The incidence of this type of lesion is extremely rare, as mentioned in the Introduction (Page 5, lines 15–18). The alternative treatment is compression; however, this is difficult because the bleeding site is located deep inside the body, as noted in the Introduction (Page 5, lines 12–14).

2. What are the major risks and benefits associated with the described treatment, when compared to other therapeutical options?

Response

We mentioned the risk of embolization to the ascending pharyngeal artery in the Introduction (Page 4, line 25–30). We have added the following sentence about the major benefits of TAE to the Introduction (Page 5, lines 5–6):

"Radiologists can effectively stop bleeding by TAE when the bleeding source is an artery."

3. Writing in the english language also needs to be reviewed. For example: the title could more appropriately be "Successful treatment of traumatic injury to the pharyngeal branch of the ascending pharyngeal artery using transcatheter arterial embolization /two case reports"; Page 3 Line 29: "demonstrated a complex"; Page 3 Line 31:"demonstrated a irregularity in the third portion"; Page 8 Line 7: "response to infusion was good".

Response

Thank you for this suggestion. Accordingly, the title has been changed to: "**Successful treatment of traumatic injury to the pharyngeal branch of the ascending pharyngeal artery using transcatheter arterial embolization: two case reports**"

We have revised the text "demonstrated a complex" and "response to infusion."

4. A more detailed description of the facial fractures suffered by the patient in Case 2 would be interesting.

Response

We have added the following sentences to describe the facial fractures in more detail (Page 8, lines 3–6):

"Bilateral temporal processes, mandibular processes, pterygoid plates, zygomatic arches, and Agger nasi were fractured. The bilateral, anterior, inferior, and medial wall of the maxillary sinus and palatine bone were also fractured."