

## Answering Reviewers

7/25/2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19391).

**Title:** Iliac vein compression syndrome: clinical, imaging and pathologic findings

**Author:** Katelyn N Brinegar, Rahul A Sheth, Ali Khademhosseini, Jemianne Bautista and Rahmi Oklu

**Name of journal:** *World Journal of Radiology*

**ESPS Manuscript NO:** 19391

We are most grateful to the reviewers for their thoughtful and detailed comments and for the rapidly with which they complied them. We have acted on each comment and our responses are given below with the reviewer's comments underlined.

Excerpted Comments from the Review:

1. This is a nice minireview on the iliac vein compression syndrome with detailed information and clear illustrations. Figure 1 should be added with some arrows to indicate the target vessel clearly.

We thank the reviewer for this comment. Arrows were added to Figure 1.

2. If currently diagnosis and treatment of MTS could be made case-by-case basis, the authors may consider to adding this to the abstract.

Thank you for this comment. The last sentence of the abstract, "Lastly, we provide clinical pearls and recommendations to aid physicians in diagnosing the syndrome through the use of provocative measures" implies that diagnosis should be made on a case-by-case basis.

3. Currently, pleythysmography is not considered a routine diagnostic tool for MTS that can be considered to adding in the last sentence of the "Pleythysmography section".

The last sentence was revised to the following:

“Therefore, APG is not considered a routine diagnostic tool for MTS and more invasive tests are required in order to confirm a diagnosis of MTS.”

Thank you.

4. In CT section (last two sentences), the radiation dose rather than contrast medium is considered as absolute contraindication for pregnant women in performing CT. Please revise.

We thank the reviewer for this helpful comment. The sentence was revised to:

“However, the radiation dose is contraindicated in instances of pregnancy and large amount of contrast medium required for CT venography are contraindicated in patients with renal impairment.”

5. In addition to 2D contrast venography, patients with negative 2D images, additional 3D rotational venography leads to higher diagnostic sensitivity, and may provide a powerful tool for planning surgical and endovascular treatment. (Hsieh MS, et al. Int J Cardiovasc Imaging. 2011 Oct;27(7):923-9). Please add.

We respectfully disagree with this comment. 3D rotational venography is time consuming and significantly increases radiation dose to the patient. We routinely perform 3D rotational angiography in oncology cases, but not in venography.

6. In treatment section, please state more specific how clinicians to decide which treatment options for particular patients with MTS, if any.

Stent placement is the only option that alleviates MTS. The following sentence was revised to:

“Additionally, stent placement is often necessary; however, stents are also associated with poor long-term patency rates, thus making diagnostic accuracy even more critical in the treatment of MTS patients as the choice to stent should be not be chosen lightly.”

7. Additionally, we have incorporated all of the editor’s suggestions into our manuscript; namely, a running title, key words, core tip and an audio core tip. Every change to our manuscript is highlighted in yellow.

We thank you for your time and consideration in advance.

Yours sincerely,

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