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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
ESPS manuscript NO: 14055
Title: Endovascular Retrieval of a Premature Covered Stent Deployment; Technical Report.
Reviewer's code: 00227564
Reviewer's country: Egypt
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:42
Date reviewed: 2014-10-18 20:33

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

please number the references according to their citation order and put it in square brackets.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
ESPS manuscript NO: 14055
Title: Endovascular Retrieval of a Premature Covered Stent Deployment; Technical Report.
Reviewer's code: 02635498
Reviewer's country: Turkey
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:42
Date reviewed: 2014-10-31 12:42

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is well designed and written manuscript.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
ESPS manuscript NO: 14055
Title: Endovascular Retrieval of a Premature Covered Stent Deployment; Technical Report.
Reviewer's code: 00227360
Reviewer's country: China
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:42
Date reviewed: 2014-09-28 09:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors reported their successful endovascular retrieval of a prematurely deployed covered stent in a CCF patient. As said in the text, the design of the Graft-Master JoStent may results in inherent stiffness and poor navigability of the device, and this may most likely be the reason for the prematurely deploy of stent in the present case. However, are there any other factors that can be related to the failure, for instance, skill reason? Is there an indicator for using this specific stent in the patient, instead of other commercially available self-expandable intracranial stents or coil embolization? Are there any potential complications associated with the process of endovascular retrieval of the stent?

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
ESPS manuscript NO: 14055
Title: Endovascular Retrieval of a Premature Covered Stent Deployment; Technical Report.
Reviewer's code: 02510166
Reviewer's country: Martinique
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:42
Date reviewed: 2014-10-26 09:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

General comment. ---------- This is an interesting case. The report is excellently written. However, there are three intricately overlapping issues in this case: #1 traumatic carotid cavernous fistula (CCF), #2 covered stent (CS), #3 stent retrieval. Single focus on issue #3 conveys the message that #1 with #2 are of no consequence. Yet, in this same journal, Korkmazer et al's review mentioned the limited longitudinal flexibility of covered stent. They raised concern about the acceptability of covered stent placement in traumatic CCF (World J Radiol, 2013;5:143-155). The patient underwent a double procedure --covered stent placement and retrieval-- all for nothing: the patient ended up with receiving coil embolization. The decision to use a covered stent for treatment of CCF was at the heart of the case. This reviewer believes that discussions of (traumatic) CCF and covered stent should not be omitted from the present report. Specific comments/queries. ---------- The process leading to the choice of covered stent is missing: the manuscript reports "it was decided", but not why. Consider brief background discussion as related to the case. CCF treatment options include conservative management, surgery, embolization, and stent.

In the present case, was worsening of symptoms associated with aggravation of the fistula or not? Did the patient underwent an initial CT? Was it compared with the actual CT? A couple of CT images could be useful. Was surgery considered as an option? Discuss rates of success and complications in sealing CCF, covered stent versus coil embolization (the two procedures used in this case). Discuss failure rates of covered stent placement in CCF (10-20% according to reports of CS in CCF), as compared with CS placement in other vascular procedures (2-5% failure rates in conventional indications). According to DrugCite, the most common JoStent GM adverse events reported to the FDA were failure to advance, dislodgement, leakage. Would these events increase when used in CCF? How long did the different phases lasted, from stent placement, to diagnosis of failure, to retrieval? Were the procedures all done under local anesthesia, how did the patient collaborate, or under general anesthesia? When did the patient receive coil embolization, over how many days? Was the patient hospitalized all the time? What are the caveats of balloon salvage, how much training is required? Is salvage expected to be risk free, successful every time? Taking all in consideration, cumulative risks of placement and retrieval/time expenditures, what are the authors' recommendations? Would they still consider covered stent as first option? Without restriction, or in selected cases, based on which criteria?