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Manuscript Type: Case Report

Reviewers Comments:

Reviewer 1

Aorto-esophageal fistula post TEVAR is a rare but devastating complication. The treatment of this condition includes conservative management and aggressive surgical strategy, this case showed the role of stent insertion in controlling bleeding induced by aorto-esophageal fistula. Several similar cases have been reported, this case report did not add any new information, and several questions should be addressed.

1. The title is suboptimal, as it failed to express the highlight of this case about the role of esophageal stenting.

The title has been changed. 'Secondary aorto-esophageal fistula after thoracic aortic aneurysm endovascular repair treated by covered esophageal stenting'

2. As the aim of this case report was to describe the role of stent insertion for AEF, it would be better just simply describe thoracic aortic aneurysm and TEVAR as history.

For the reader I think it's important to highlight this patient presented initially with a large mycotic thoracic pseudoaneurysm aneurysm with surrounding hematoma

compressing the trachea, esophagus and superior vena cava. The images demonstrate clearly the decompression of the aneurysm and subsequent fistula. I have shortened the case history

3. It would be better to provide endoscopic image about AEF and stent insertion, as well as image about migration and correction of the esophageal stent by X-ray.

Unfortunately as the endoscopy was done out of hours in the operating room there were no recorded images

4. In the discussion section, It Is may be better if authors could describe some skills of stent insertion and give some suggestions about such emergency management.

We have added the following passage; ‘During endoscopy, there is direct visualization of the pathology and a guide wire is placed in the stomach under direct vision. Guide wire choice is best individualized to the patient's overall situation for esophageal stent placement. Stents can be deployed under fluoroscopic guidance, endoscopic guidance, or a combination of the two. Ideally however, both modalities should be used and are complementary in the safe and accurate deployment of esophageal stents. Although the learning curve for placement of esophageal stents is not known a certain comfort level with both modalities is extremely useful in the management of these patients especially in the acute setting. ’

5. Please provide the complete phrases for abbreviations at first use.

Completed

6. There are some spelling and grammar errors.

Corrected

Reviewer 2

The author reported a rare case of aorto-esophageal fistula following endovascular repair of thoracic aortic aneurysm. Some problems existed.

1. Abstract: The abstract of a case report should be non-structural and should not have the title of case report and conclusion. Please delete the subtitle of “case report” and “conclusion” and just merge the content of these two subheadings into the whole abstract. Please refer to a published case report and write your abstract accordingly. Do not use Abbreviations in the abstract. Just use the full phrase of the abbreviations. If you have to use abbreviations, please give the complete phrase at first use. So, please give the complete phrases of GI and CT in the abstract.

Corrected

2. Key words: please add the following words as new key words: Endovascular therapy, Aortic aneurysm, Bleeding.

Completed

3. Discussion: In this part, please replace “his” in the second line in the last third paragraph with “her” because this is a women. Add “of” after “the use” in the eighth line in the last third paragraph.

Corrected

4. Figures: The quality of the figures is not good enough. Please give some better figures to display what you want to indicate.

Thank you for the comment. However we believe the images illustrate the case well.

Reviewer 3

I believe is a very rare case that the authors treat excellent with minimal impact to the patient we have before some years' experience and publish a similar case and I am strongly support that this less invasive procedure is the only possibility for this patients population