

Peer Review File

Article information: <http://dx.doi.org/10.21037/atm-20-2862>.

Reviewer

Comment 1.

How can authors tell that membranous occlusion of the subclavian vein is the CAUSE of McCleery syndrome in this case, instead of clinical manifestation?

Reply 1

Dear professor, thank you for your comment which is very important. As illustrated in our manuscript, McClerry syndrome was defined in 1951 as intermittent obstruction of the subclavian vein(SCV) without thrombosis. Our patient complained of intermittent swelling and pain of right upper extremity after strenuous exercise. The further duplex scan and venogram confirmed the presence of membranous occlusion and rule out the possibility of thrombosis. The width of venous flow through the membrane in different positions varied greatly, which was responsible for our patient's chief complaint. After dilation of the membranous lesion, the symptom of this patient was relieved. Our case presents a rare cause of intermittent membranous occlusion of SCV that caused periodic swelling of the upper extremity. Therefore, the membranous occlusion of SCV is the cause of McCleery syndrome, not only the cause of clinical manifestations.

Comment 2.

The abstract is too short and superficial. Word limit is 200~350. Add some background information regarding the disease and therapies.

Reply 2:

Dear professor, your suggestion is very meaningful. We have added the background information regarding clinical manifestations, cause and therapies of McCleery Syndrome. Patients presenting with periodic swelling of the upper extremity without thrombosis are diagnosed with McClerry syndrome. There have been sporadic cases reported over the past decades. Due to rarity of this disease, no standard consensus on diagnosis and treatment of McClerry syndrome was established. Subclavius tendon and anterior scalene muscle compression were proposed as the primary cause of McClerry syndrome. Partial resecting muscle, tendon or ligament were recommended as therapies. Adding background information helps readers establish a better understanding of McClerry syndrome itself. The word count of our revised abstract now meets the requirements of your guidance.

Changes in the text: see Page 2, line 33-49

Comment 3.

The take-away lesson in the abstract is unclear.

Reply 3:

Dear professor, thanks for yours remind. We really appreciate your suggestion. We have modified our text as advised. We briefly describe the diagnosis and treatment of our patient in the abstract. Then we have made it clear by directly pointing out the possibility of membranous occlusion of the subclavian vein causing McCleery syndrome. We hope to remind readers that membranous occlusion of veins can be a rare cause of McCleery syndrome and is worthy of careful consideration and differentiation of VOTS.

Changes in the text: see Page 2, line 47-49

Comment 4.

In the introduction, add the introduction of other therapies and whether balloon dilation has been applied in similar cases previously.

Reply 4:

Dear professor, thanks for your valuable suggestion. We have accordingly added the clinical manifestations, causes and therapies of classic VTOS and McCleery syndrome. Membranous occlusion of veins is rare and mostly reported in the suprahepatic inferior vena cava (IVC), resulting in hepatic venous outflow obstruction. Angioplasty by balloon dilations can be safe and effective treatment for membranous occlusion of IVC.

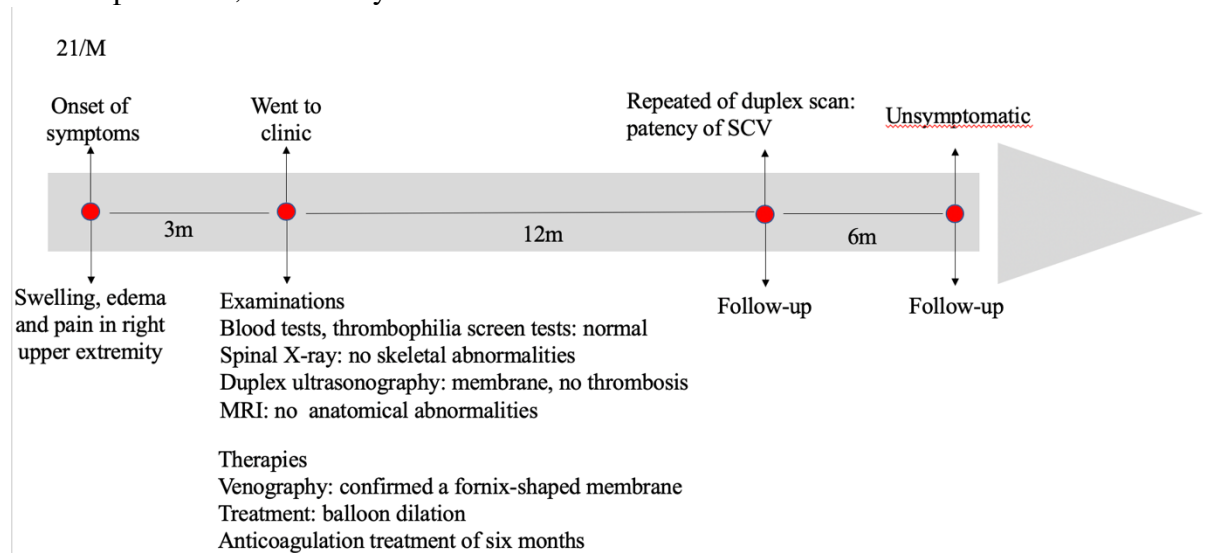
Changes in the text: see Page 2-3, line 52-86

Comment 5.

In the case presentation, draw a timeline (a figure) that outline the whole procedure, including patient information, the clinical findings, the therapies, the follow-up and prognosis. Make sure it is presented with a precise time.

Reply 5:

Dear professor, thank for your considerations. The timeline is shown as follows:



6. Delete the pharmaceutical company name regarding the medication.

Reply 6: Dear professor, thanks very much for your advice. We really appreciate your suggestion. We have deleted the name of the pharmaceutical company of the drug in our manuscript.

Changes in the text: see Page 4, line 121.