Review of: "Unilateral Posterior Spinal Cord Ischemia due to a Floating Thrombus: a case Report"

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Potential competing interests: No potential competing interests to declare.

Without any doubt authors of the manuscript described a very rare case. They proposed potential mechanism of the SCI development in 75 year old male patient. Despite well presented presentation of the case there is a room to improve the article.

I would recommend to add ‘aortic’ in the title (Unilateral Posterior Spinal Cord Ischemia due to a Floating Aortic Thrombus: a case Report).

I do not agree with autors in anatomical description of the thrombus location. According to CT thrombus located in proximal part of the arch but not in ascending aorta. Authors stated that ascending aorta is ectatic. But it is impossible to assess the size and structure of the ascending aorta as a potential source of the thrombus formation. Additionally, it would great if authors could show us the entire thoracic aorta. I wonder is there a ‘shaggy aorta’ or not.

It would be useful to present CT scans of the thoracic aorta 3 months later.

The grade of the atherosclerosis is questionable. According to CT scans there is moderate atherosclerotic lesions of the aortic wall.

It is highly likely that vertebral artery occlusion may be a reason for SCI in this patient. But it is not obvious that the aortic thrombus is a source of vertebrbral artery occlusion mainly because of location of the aortic thrombus. Aortic thrombus is located just opposite to aortic arch convexity - place of supraaortic vessels offspring. What is a probability of the vertebral artery thromboembolism if the bloodflow in the arch is predominantly directed in the descending aorta not in the innominate artery, then right subclavaian artery and aftert that in right verterbral artery? The question is to resolve before this article may be publish