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## Reply to the Letter to the editor: Safe bronchial artery embolization in cases with nonvisualisation of anterior spinal artery on intercostal bronchial trunk angiograms: A balance of anatomy, blood flow dynamics and image acquisition technique

I would express my appreciation for your interest in our report [1]. I agree with the hypothesis that differences in the amount and duration of contrast material is one of the reasons for arteriography-negative anterior spinal artery. The optimal amount of contrast medium is likely to vary depending on the size of the intercostobronchial trunk. It is possible that the initial imaging may have failed to delineate the anterior spinal artery due to insufficient amount and duration of contrast material.

On the other hand, computed tomography during arteriography is always performed after angiography. Therefore, the amount of contrast agent that is to some extent optimal can be selected with reference to how the angiography looks. In addition, the 3-dimensional detection capability of computed tomography allows us to more clearly delineate the anterior spinal artery and other structures that run through the spinal canal.

In terms of embolic materials of bronchial embolization, gelatin sponge, polyvinyl alcohol, n-butyl-2-cyanoacrylate, and microcoils have been reported to be effective in many cases [2–4]. There have been no randomized controlled trials to determine the superiority of embolic materials. When the anterior spinal artery is found to come out of the intercostobronchial trunk, microcoil embolization is still preferable to minimize the risk of iatrogenic spinal cord ischemia.

### REFERENCES

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