Reviewer's report

Title: Coronary Arteriovenous Fistulas in the Adults: natural history and management strategies

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Reviewer: Murat Ugurlucan

Reviewer's report:

I read the manuscript entitled "Coronary Arteriovenous Fistulas in the Adults: natural history and management strategies" with interest. Indeed coronary arteriovenous fistula is not a common disorder and still has open ends. Literature includes variety of reports regarding the issue and I would like to congratulate the authors for their 11 patients series in a 3-year period of time. I believe the manuscript will contribute to the literature.

I have a few minor comments:

1- Language of the manuscript requires revision by a native speaker. There are many grammatical errors in the text.

2- Manuscript has to be written according to the journal's style. Double spacing ...etc.

3- Authors should indicate that the study was approved by the institutional ethics committee and informed consent regarding academical use of the data of every individual patient was obtained from the patients.

4- The number of patients having each symptoms should be presented with the percentage rather than writing a general statement about the whole symptoms. For example, "All patients were symptomatic, presenting symptoms were angina [3? (x%) patients], exertional dyspnea [5? (x%) patients] and palpitation (10? patients) ..etc.

5- Since some of the patients are middle aged, what was the coronary artery disease rate? Has any patient undergone surgery for ischemic heart disease? Or was the sole indication of surgery a CAVF?

6- Demographic data of the patients, e.g: female/male ratio, brief history, family history regarding CAVFs in the family members, hypertension ...etc should be presented in the text. I believe an additional table will be very informative. Only stating the number of male and female patients in the abstract is not sufficient.

7- Since the majority of the CAVFs drained into the pulmonary artery, did the authors measure pulmonary artery pressure?

8- Since "Associated anomalies include atrial septal defect, tetralogy of Fallot, patent ductus arteriosus, ventricular septal defect, and pulmonary atresia" authors should give brief information regarding these information about the patients.

9- Surgery should be explained in details. As I can see on figure 1, the CAVF is
due to an accessory coronary vessel not a major coronary artery. In such a case isn't only ligation of that accessory vessel not enough?

Also, different surgical techniques for the treatment of CAVFs should be discussed in the discussion section.

10- What is TCC? (only abbreviation is in the text)

11- Such a conclusion is not suitable for this manuscript. The authors do not present any TCC procedure in their series. Thus, such an outcome or a conclusion cannot be obtained from this manuscript. Concluding with TCC or a guideline like that is unsuitable for that paper.

12- It will be informative if the authors could also present an additional figure of treated CAVF.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.