Author's response to reviews

Title: Idiopathic premature ventricular contractions and ventricular tachycardias originating from the vicinity of tricuspid annulus: Results of radiofrequency catheter ablation in thirty-five patients

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Author's response to reviews:

Dear Editor,

Thank you for your kind letter of March 8, 2012. We have revised the entire manuscript entitled “Idiopathic premature ventricular contractions and ventricular tachycardias originating from the vicinity of tricuspid annulus: Results of radiofrequency catheter ablation in thirty-five patients” (MS: 1131442254670515) from start to finish in accordance with the editor and reviewers’ comments. We acknowledge your suggestions very much, which are very valuable in improving the quality of our manuscript.

Here below is our description on revision according to the comments.

Reviewer 1

1. The reviewer's comment: The authors have answered all prior comments sufficiently. On Figure 6A, title should read "pattern" rather than parrern.
   The authors' Answer: Corrected accordingly.

2. The reviewer’s comment: On page 13, line 10 rather than stating "S wave amplitude were more lessening...", should read S wave amplitude was reduced...
   The authors’ Answer: Corrected accordingly.

Reviewer 2

Major compulsory revisions

1. The reviewer’s comment: Page 6, paragraph 2 (Postablation follow up): The authors have mentioned that at least 10,000 PVCs were present per day prior to ablation. Similarly, how many PVCs were allowed per day (for example, <100 per
day) post ablation without constituting ablation failure? Alternatively, did ablation render these patients entirely free of PVCs?

The authors’ Answer: The success was defined as the absence of the clinical PVCs/IVTs originating from the vicinity of TA. If there exited the clinical PVCs/IVTs originating from the vicinity of TA after ablation, the ventricular arrhythmias were recurrent and the ablation was unsuccessful. Occurrence of “non clinical” PVCs/IVTs did not constitute ablation failure. Corrected accordingly (See page 6, paragraph 1).

2. The reviewer’s comment: Page 8, Paragraph 3., line 6 says “The clinical arrhythmia in the remaining 7 patients could not be induced during the procedure”, whereas page 9, paragraph 2, line says “The PVCs/IVTs occurred rarely in the rest 7 patients during the EP study ..”. The line in page 8 should be changed to read as “PVCs were infrequent despite isoproterenol in the remaining 7 patients”, as ablation strategy is unclear if PVCs did not occur at all.

The authors’ Answer: Corrected accordingly.

3. The reviewer’s comment: Page 10, paragraph 1. As mentioned in the previous review, this paragraph needs restructuring for a more lucid expression. Following are my suggestions for restructuring this paragraph: ... 

The authors’ Answer: Corrected accordingly.

Minor essential revisions
1. The reviewer’s comment: It may be worth while mentioning the type of sedation, if any, used during the procedure. This could have had a bearing on PVCs being absent in 7 patients during the study, despite having > 10,000 PVCs in the previous 24 hrs.

The authors’ Answer: Corrected accordingly (See page 4, paragraph 3).

2. The reviewer’s comment: Table 2, patient no.22. Activation mapping was not done; however, EAT has been mentioned. This is erroneous.

The authors’ Answer: Corrected accordingly.

3. The reviewer’s comment: Figure 6A: The labeling in the figure should read as “QS pattern” instead of “QS parren”

The authors’ Answer: Corrected accordingly.

Discretionary revisions
1. The reviewer’s comment: Did any patient have PVCs of more than one morphology?

The authors’ Answer: In the present study, no any patient had TA-PVCs of more than one morphology.

2. The reviewer’s comment: Was any preceding local potential observed at the sites of earliest activation?

The authors’ Answer: No special preceding local potential was observed in the
present study.

3. The reviewer’s comment: Table 5 may be omitted as none of the p values included are significant
   The authors’ Answer: Corrected accordingly.

Editorial comment:
Further consideration of your manuscript is conditional on improvement of the English used - please bear in mind that as we are a free-access publisher, we cannot bear the costs of copyediting English ourselves. Please ensure particular attention is paid to the abstract. You should have a native English speaking colleague help you with this, if possible, or you may need to use a professional language editing service.

The authors’ Answer: About the English writing of the manuscript, we carefully proof-read the manuscript to minimize typographical, grammatical, and bibliographical errors. We don’t know whether it has reached to your magazine’s standard. The abstract have also been revised. The manuscript has been also revised to conform to the style and format guidelines of the journal.

Thank you and all the reviewers for the kind advice.

Sincerely yours,
Lin Jia-Feng
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