Author's response to reviews

Title: Echocardiographic Evaluation of Thalassemia Intermedia Patients in Duhok, Iraq

Authors:

AMEEN MOSA MOHAMMAD (doctoramb@yahoo.com)

Version: 5 Date: 16 August 2014

Author's response to reviews: see over
The author's response to reviews

Title: Echocardiographic Evaluation of Thalassemia Intermedia patients in Duhok, Iraq

Author: Ameen Mosa Mohammad (E-mail: doctoramb@yahoo.com)

The author's response:
The author deeply appreciates again the reviewer’s constructive comments. He believes that his revision of the manuscript has contributed to improve its quality and presentation. A detailed point-by-point response to the reviewer’s comments is attached.

August 15th, 2014

To editors,
BMC Cardiovascular Disorders. (Non-coronary section)

Dear Mr. Gilbert Tacbobo,
I would like to thank you for revising the paper. The reviewer’s comments have been addressed properly in the revised version.

Reviewer: Dimitrios Tsiapras

Major Revisions:

A. As in the summary conclusion is written that "cardiac complications are common" while it is only a minority in the whole patient group it has to be shown that these complications are majority in the older patients. So an additional description have to be included in the methods and result section (or even table) to show the incidence of high TVR and clinical data according to patients age. I think that this will clearly show that in higher age patient group these findings are really majority.

Author response: As recommended by the reviewer, for correlations of age to TRV values, patients were divided according to age into two subgroups (<12 years and ≥ 12 years old). An additional description was added to methods and results sections.

B. Statistical review has to be performed. I wonder how the SD in some parameters (e.g. TAPSE) is much more higher than the mean value.
**Author response:** A precise statistical review was performed again over all results.

C. In the methods section has to be described how and why the pulmonary regurgitation velocity was measured.

**Author response:** The below paragraph was added to methods section: To assess the mean pulmonary artery pressure, the pulmonary artery to right ventricular pressure gradient was estimated from the peak pulmonary regurgitant flow velocity (V) in parasternal short axis view by the simplified Bernoulli equation (PG = 4V2).

Minior revisions:

A. A reference has to support the methodology of measurements (line 86-88) and the TVR group identification (line99).

**Author response:** Two references were added for the methodology of echostudy measurements and TRV groups’ identification.

B. line 122. skip "significantly associated" as no statistical correlation has been performed.

**Author response:** In fact correlations were done, but the idea might have been unclear. However, the sentences were revised again to be clearer.

C. line 134-37 The sentence is better to be written in the opposite way (eg pts with higher TRV presented with ....)

**Author response:** The sentence was rewritten as: (patients with higher TRV were presented with advancing age, later age at diagnosis, later onset of initiation of blood transfusion, male gender, lower hemoglobin, higher ferritin, and in splenectomized patients).

D. line 140. SOME OF TI have an exceptional ....

**Author response:** Revised and rewritten.
E. line 197-199 TRV are not the correct initials, perhaps estimated RVSP is what the authors imply.

**Author response:** It is a doppler peak systolic tricuspid gradient (PTG). It was corrected.

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

**Author response:** The paper has been proofread again by an English Language linguist at University of Duhok’s College of Arts.

Many thanks,
Ameen Mosa Mohammad, MD
MBCHB, FICMS (med.), Postdoc Msc(cardio),
Department of Internal Medicine, Division of Cardiology
Medical School, University of Duhok, Kurdistan, Iraq