Reviewer's report

Title: Percutaneous Closure of Large VSD Using a Home-Made Fenestrated Atrial Septal Occluder in 18-Year-Old with Pulmonary Hypertension

Version: 2 Date: 18 April 2014

Reviewer: Nuno Moreno

Reviewer's report:

Major Compulsory Revisions

In general the article is quite interesting, very well written and documented, but it seems to me that the conclusion does not reflect the true importance of what the article intends to convey.

I think it is not that important the pressure exerted by the ASD on the surrounding tissue. It may be noted that there may be rhythm problems that are reversible. Greater relevance should be given to the closure of VSD in a patient with pulmonary hypertension and the benefits that this can bring to the patient and the particularity of the technique itself.

"As ECHO and ECG showed a large defect size in our patient, we elected to use a 24 mm ASO, a device 2-3 mm larger than the defect." - I do not think the ECG can translate the defect size;

Discretionary Revisions

The authors say that "physical examination was normal", wasn't there any cardiac murmur?

also they say "The last ECG and Holter ECG showed a normal sinus rhythm with sporadic early ventricular systoles and no VT attacks" - How long did it take before the patient recovery the normal rhythm?

There is a clear hemodynamic improvement but there is no reference to a clinical improvement of the patient.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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'