Author's response to reviews

Title: A Cross-sectional study of stand-alone percutaneous coronary intervention in a Nigerian Cardiac Catheterization Laboratory

Authors:

Adeyemi Johnson (yemi@firstcardiologyconsultants.com)
Bode Falase (bodefalase@gmail.com)
Ifeoluwa Ajose (ifeajose@gmail.com)
Yemi Onabowale (onabowale@hotmail.com)

Version: 3
Date: 3 January 2014

Author's response to reviews: see over
The Editor
BMC Cardiovascular Disorders

3rd January, 2014

Dear Sir,

COVER LETTER FOR MANUSCRIPT: A CROSS-SECTIONAL STUDY OF STAND-ALONE PERCUTANEOUS CORONARY INTERVENTION IN A NIGERIAN CARDIAC CATHETERIZATION LABORATORY

Reviewer 1 comments.

“This is the first of such reports from Nigeria. It is an excellent report and it is well written”.

Response to reviewer 1.

We thank reviewer 1 for the kind comments. No specific concerns were raised.

Reviewer 2 comments.

“Over a three year period only 48 patients underwent PCI and the number of complications were acceptable with only one patient that needed referral to a surgical site. However, this means that on average only 16 PCIs were performed annually. Could you please add some additional information on PCI volumes in neighboring centres in order to better understand the differences in volumes between your hospital and hospitals with on-site cardiothoracic surgery”.

Response to reviewer 2 comments.

Our hospital is the only hospital in West Africa offering PCI services. Efforts are being made to develop these services in both Nigeria and West Africa but are yet to bear fruit. There is therefore no published literature for comparisons of our volumes with other neighboring centres. This is an omission as we had not adequately highlighted this in the manuscript. We have therefore added a further paragraph to the end of the discussion and modified the conclusion to reflect this. Please see excerpt from revised manuscript on the next page.
“There are currently no other centres in West Africa offering PCI services. Volumes of PCI reported in this study were low as this reflects a new, developing service in Nigeria. Increased awareness of the existence of this service is already resulting in more referrals from physicians. In addition, the volumes were low due to careful case selection in the absence of back up Open Heart Surgery services.

**Conclusion**

A stand-alone PCI programme has been developed in Lagos, Nigeria. Both elective and urgent PCIs have been performed with no mortalities and a low complication rate. Increased volumes will however accrue and complete revascularization rates would be improved with the establishment of Open Heart Surgery programmes to provide CABG as back up for PCI and alternate therapy for more complex lesions.”

We hope that this addresses the concerns raised by the reviewers.

Yours truly

Mr Bode Falase FWACS CTh, FRCS CTh