Author’s response to reviews

Title: Percutaneous septal ablation for left mid-ventricular obstructive hypertrophic cardiomyopathy: a case report

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Answer to comments:
- P. 3, 8th line: would be even more accurate and would make additional, important points if the sentence were changed to: "These patients are often symptomatic from hemodynamic causes and are also prone to symptomatic and even lethal ventricular arrhythmias."

P. 3, 8th line: the sentence was changed to: These patients are often symptomatic from hemodynamic causes and are also prone to symptomatic and even lethal ventricular arrhythmias.

- P.3, 3rd paragraph, first sentence: need at least two references for this sentence; also there should be a phrase citing the observation that AV sequential pacing is not currently thought to be dramatically beneficial. This is done in the Discussion section, but should be done in the initial section too.

Two references were added for P.3, 3rd paragraph, first sentence. The observation that AV sequential pacing is not currently thought to be dramatically beneficial was pointed out in the discussion and initial sections.

- P. 3, 4th paragraph: the description of the ECG should include the absence or presence of repolarization abnormalities, as this has been shown to correlate with the severity of HCMs.

Following sentence was added: On electrocardiogram, sinus rhythm, left axis deviation and repolarization abnormalities (negative T waves) were seen.

- P. 7, 14th line: This sentence would imply that the most significant etiology of AV conduction and ventricular arrhythmic complications from alcohol septal ablation procedures is from the type of echo contrast material used. This would be an incomplete statement, as there are multiple factors at work, including ischemia, infarction, local-tissue toxicity from the alcohol, and the presence of an arrhythmogenic myofibrillar substrate.

The following sentence was added the text: There are multiple factors cause severe arrhythmias during the procedure, including ischemia, infarction, and the presence of an arrhythmogenic myofibrillar substrate, local-tissue toxicity from the alcohol and echocontrast agent.

- Analogously, it would be valuable for the authors to report the size of the caused infarction (in grams of tissue, as estimated by total CPK-MB or areas under the CPK-MB versus time graph's curve. Not only would such an observation be interesting, it would allow both investigators and clinicians to compare and contrast the type of ablation reported herein with the more conventionally located ablation.

The size of the caused infarction was estimated by areas under the CPK-MB versus time graph's curve. SAS 9.1 statistical software was used to calculate area under the curve with approximate integral using trapezoid rule. Area under the curve was 5070 U/L hour for CPK-MB. This figure was added the text.

Thanks a lot for your valuable comments.