Reviewer's report

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

Version: 3 Date: 8 July 2005

Reviewer: Lothar Faber

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General

The paper describes a case of midcavity obstructive HCM successfully treated by septal ablation. Comparable cases have been reported previously. Due to the relative rarity of the condition, however, additional cases deserve to be published.

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Major Compulsory Revisions

Follow-up are now given, documenting a medium-term success of the intervention. The major concern thus has been addressed adequately.

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Minor Essential Revisions

The use of echovist in septal ablation has still not been commented upon - total AV block and VF have been reported with its use, and application in the systemic arterial circulation is neither approved nor can it be recommended as a routine approach. As said before, Levovist is appropriate echo contrast agent for septal ablation. Furthermore, the correlation between ablation site and echo contrast depot during the intervention is still not clear from the images provided.

The authors did add, as suggested, an additional figure to show that the target area in the mid-septum was really hit - however, the statement that local contractility was normal is certainly not true - even on the stillframe a local asynergy appears to be present.

The discussion should make clear that septal ablation in MVO-type HCM, in contrast to the "classical" subaortic type of obstruction, is still an experimental therapy that should be undertaken on a case-by-case basis only.

Finally, the quality of written English still needs to be "brushed up"