Reviewer's report

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

Version: 4 Date: 13 September 2005

Reviewer: Lothar Faber

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Although having been qualified as „minor revision“, the following point in my view is nevertheless essential in a case report like this, and still has not been addressed adequately: The authors are obviously unable to provide images that convincingly demonstrate that they exactly aimed at the obstructing muscle portions they finally ablated:

The area of echocontrast deposit is not clearly visualized in figure 2A. We can not add more clearly image that shows echocontrast deposit. This image is the clearest one in our archive.

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 still frame a local asynergy appears to be present. We can not add more clearly image that shows echocontrast deposit. This image is the clearest one in our archive. The statement „local contractility was normal“ has been removed from the manuscript.

Taken all together, I am now convinced that the authors did something good to a certain individual patient. However, a successful treatment in which there is only the slightest possibility that it was achieved „just by chance“ can mislead others who read a report on it. Midcavity HOCM is a challenging condition both for surgeons and Interventionalists. Any attempt to treat this entity percutaneously should be done with perfect methodology (i. e. the appropriate contrast agent) and perfect documentation (i. e. perfect images). From an educational point of view, the images that accompany this case report are not good enough for a medical publication. In a publication a model should be outlined that others can follow.