Reviewer's report

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

Version: Date: 26 October 2005

Reviewer: Valentin Fuster

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)

This is a well-written and very interesting case report. The investigators' willingness to take initiative is admirable. They have taken previous knowledge and an accepted technique, and have extended it with a distinct rationale. There is appropriate citation of literature throughout, though there are a few suggestions for additional citations below. I have the following comments and suggestion:

I. Specific 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, 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.

· 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.

· 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.

· Regarding the risk of heart block and ventricular arrhythmia complications, it would be valuable to cite the risk reported in the literature for permanent pacemaker and even ICD need following septal ablation procedures, albeit data obtained from LV outflow tract area ablations rather than the mid-cavity located ablation described in this report.

· 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.

II. Proofreading and other editing details.

- P. 4, first line: the correct spelling is basal, not bazal.
- P. 5, 17th line: the correct spelling is basal, not bazal.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.