Author’s response to reviews

Title: Prognostic value of alveolar volume in systolic heart failure: a prospective observational study

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Author’s response to reviews: see over
To the Editors,
BMC Pulmonary Medicine

Dear Sirs,
please find attached the second revision of the manuscript entitled “Prognostic value of alveolar volume in systolic heart failure: a prospective observational study”.
A new sentence is added in the Discussion (highlighted in red).
A response to the reviewer’s comments is given below.

Very obliged,
Massimo Miniati, MD, PhD
Associate Professor of Internal Medicine,
University of Florence, Italy.

Response to reviewer’s comment

Dear Dr. Gueder,

thank you for your further comments. Undoubtedly, FEV$_1$ is somewhat easier to obtain than $V_A$, particularly in the setting of a GP office. However, a reduction in FEV$_1$ does not allow, in itself, to establish whether it is due to an obstructive or a restrictive disorder, or to a mixed obstructive-restrictive syndrome. According to internationally accepted criteria, the diagnosis of a restrictive disorder is based on the measurement of total lung capacity. This cannot be measured with a portable spirometer.

If you look at table 2, you see that ventilatory restriction (as reflected by TLC as % predicted) was present in only 53 (39%) of 135 patients who had $V_A < 80\%$ predicted. So, we believe that measuring $V_A$ may add valuable information as regards lung function assessment in patients with systolic HF.
In perspective, it would of interest to evaluate the effect of cardiovascular and pulmonary medications on $V_A$ size over time, and to test whether improvement in $V_A$ is associated with a better outcome in patients with chronic HF.

The following sentence was added in the Discussion:

"As shown in table 2, spirometrically determined ventilatory restriction was present in only 53 (39%) of 135 patients with $V_A < 80\%$ predicted. So, we believe that measuring $V_A$ may add valuable information as regards lung function assessment in patients with systolic HF.”

Very obliged,

Massimo Miniati