Author's response to reviews

Title: A large left ventricular pseudoaneurysm in a case of Behcet’s disease and literature review

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Author's response to reviews: see over
Dear editors,

First please pardon us for our delay. Because of mentioned reasons we were not able to revise our manuscript.

We are so pleased that your reviewers have found our article important in its field. We hope your readers would also find it helpful.

We have revised our manuscript considering your reviewers’ valuable comments. You can find all these alterations in the manuscript. Linguistic edition has been performed on the article and the grammatical errors are corrected. However, if you or your reviewers find any errors, please specify the position. We have also answered all the reviewers’ comments point-by-point which follows. We hope they will find their answers satisfactory.

Respectfully yours,
Seyed Mojtaba Marashi, MD
Dear Reviewers,

Many thanks for your thoughtful suggestions. We have revised our manuscript considering your valuable points and addressed any change we have made here.

**Major compulsory revisions of "Masamichi Ono":**

1. Discussion (authors wrote as conclusions) must be re-written. It must be shortened, and must be commented as diagnosis, therapy, and prognosis. The need for cardiopulmonary bypass for tumor resection should be discussed.

We renamed the "Conclusions" as "Discussion" and it was revised. But in spite of our attempts, we could not shorten the discussion regarding to comments of other reviewers that convinced us to add or revise some parts of the discussion. Also we add or complete parts about:
   - diagnosis in page 7, paragraph 3
   - therapy in page 8, paragraph 2
   - prognosis in page 8, paragraph 3

all in discussion.

**Minor Essential Revisions**

1. Figures 1-4 are too much. I think figure 1 and 2 can be deleted.

Please let us not agree with you on this point. We do appreciate the impact of the PA chest X-ray in revealing a large mass in the left border of the heart that shifts the heart to the right side and its computed tomography scan with contrast showing the large pseudoaneurysm as a well-defined partially calcified mass with tubular density adjacent to the heart. We think they may play a significant role in proper clinical diagnosis.

2. Macro figure of the pseudoaneurysm should be added.

Actually it seems that a macro figure will be remarkable and we have intended to add a macro figure of pseudoaneurysm in first submission but we haven't because first it could not add considerable information due to large size of the pseudoaneurysm we supposed, and second we have no high quality macro figure of pseudoaneurysm, then let us not to add this option.
Raul Moreno’s major compulsory revisions:

1. Discussion. Page 5, paragraph 3. Probably, in the case the authors have presented, surgical intervention is mandatory, partly due to the young patient age. However, the authors should clarify that most left ventricular pseudoaneurysms result from a mechanical complication of acute myocardial infarction. In cases of postinfarction left ventricular pseudoaneurysm, whether routine surgical repair regardless on other clinical characteristics of the patient should be indicated remains as a matter of discussion. Some authors believe that the necessity of surgical repair in these cases should be individualized for each patient (Moreno R, et al. Heart 2003;89:1144-6).

   It was mentioned in the "Background" (page 4, paragraph 1) and discussed in "Discussion" (page 8, paragraph 2).

2. Discussion. Page 6, paragraph 2. Page 5, paragraph 3. : The authors should mention other important cardiac involvements in Behcet disease (pericarditis, myocarditis, etc).

   It was mentioned in the "Discussion" (page 6, paragraph 2).

3. Discussion. Page 6, last paragraph: The role of contrast echocardiography for the diagnosis of left ventricular pseudoaneurysm should be mention.

   It was mentioned and referenced in the "Discussion" (page 7, last paragraph).

Discretionary Revisions:

1. Page 4, paragraph 3, line 3: Replace "10.1*14.8" by "10.1x14.8".
   It was corrected.

2. Page 4, paragraph 4, line 3: Replace "2.5*3.0" by "2.5x3.0".
   It was corrected.

3. Page 4, paragraph 5: median sternotomy is not a proper name. Write it without using capital letters.
   It was corrected.

4. Page 5, paragraph 1, line 1: Replace "10.1*14.8" by "10.1x14.8".
   It was corrected.

5. Reference No. 1: Replace "abdomainal" by "abdominal".
   It was corrected.
Major Compulsory Revisions of "Cemil Gürgün" who were unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

1. **What do you think about the reason of pseudoaneurysm in this patient?**
   *(Myocardial infarction, rupture of arterial pseudoaneurysm etc.). It should be discussed in the paper.*

   It was mentioned the possible reason in the "Discussion" (page 7, paragraph 1).

2. **Need more detailed explanation of echocardiographic findings, like valvular dysfunction, LV wall motion abnormalities, anatomical location of the aneurysm and ratio of pseudoaneurysm orifice to radius which is the diagnostic criteria for pseudoaneurysm.**

   It was mentioned in the "Case Presentation" (page 4, paragraph 2). Unfortunately because of the large size of pseudoaneurysm ratio of pseudoaneurysm orifice to radius was not measurable (page 4, paragraph 2).

3. **What about the coronary angiographic findings? Were there any narrowings indicating coronary artery disease on his coronary angiography?**

   It was mentioned in the "Case Presentation" (page 4, paragraph 2).

4. **One picture of the pseudoaneurysm taken at the surgery can be put instead of one of the CT images (for example image four).**

   As we mentioned above we have intended to add a macro figure of pseudoaneurysm in first submission but we haven't because first it could not add considerable information due to large size of the pseudoaneurysm we supposed, and second we have no high quality macro figure of pseudoaneurysm, then let us not to add this option.

   Also let us no to agree with this point because each of CT figures indicating special points (calcification in Fig. 2 and the ostium in the Fig. 4).

5. **On his chest X-ray (figure one), the arrow seems to be indicating some structure on his right side of his chest, the direction of the arrow is not clear also I'm not sure whether it's showing it's right place for the pseudoaneurysm, since the chest X-ray findings and CT-MRI findings are contradictory in terms of the location of the pseudoaneurysm.**

   We have changed the arrow features in figures. Also it must be mentioned that the arrowhead, on his chest X-ray (Fig. 1), shows the shifting of the heart to the right side, and not the place of the pseudoaneurysm.