Author's response to reviews

Title: A simplified study of trans-mitral Doppler patterns

Authors:

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Author's response to reviews: see over
Dear Prof. Picano:
At the outset, I would like to thank the esteemed reviewers for sparing their valuable time for going through my paper. Here are the replies to their specific comments:

1. The title of the paper is “A simplified study of trans-mitral Doppler patterns”
   From the title is clear that we are dealing with trans-mitral flow. Similarly, being a simplified study, adding tissue Doppler would only complicate issues. Tissue Doppler was just mentioned in the passing for completeness. In this context, I request the reviewer to read the comment “Is E/E’ really reliable?” See http://www.cardiovascularultrasound.com/content/5/1/16/comments

2. This is a hypothesis paper hence experiments like testing intra-observer variations etc would be inappropriate. Data would come in the future based on this paper. The entry ‘Hypothesis’ in Wikipedia states “Any useful hypothesis will enable predictions, by reasoning including deductive reasoning”. This paper fulfills this definition.

3. Images are provided

4. I have made the changes “The author is of the view….” and deleted “….as erroneously mentioned in some literature”

5. The examples of the patterns are already mentioned in the text (see ‘diagnostic methodology’). However a table form of the same has been added (see below).

6. Regarding adding a table with definition of patterns: the very purpose of the paper is to emphasize that there are an infinite number of patterns. But by using the methodology described one can define any pattern and locate it on the clinical spectrum – see figure 3 and section ‘hemodynamic information’. However I have added a table with common cardiac conditions related to the patterns.

The intention of the paper is to present a methodology for use in every day practice. Using this methodology the clinician can derive useful information with just one look at the spectral display. No measurements, no calculations! Besides it should hopefully make the clinician use definitive terms like ‘relaxation abnormality’ etc instead of the vague term ‘diastolic dysfunction’.

I would like to end by quoting William Glen “the success of a hypothesis, or its service to science, lies not simply in its perceived "truth", or power to displace, subsume or reduce a predecessor idea, but perhaps more in its ability to stimulate the research that will illuminate … bald suppositions and areas of vagueness”. I hope these explanations will satisfy you and facilitate the publication of this paper.

Thanking you,

Yours sincerely

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