Author's response to reviews

Title: Large Primary Cardiac Tumor or Metastasis Compressing Left Atrium and Pulmonary Vein with Exertional Dyspnea: What Else It Could be?

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Version: 2 Date: 6 August 2010

Author's response to reviews:

Changes to the manuscript Cardiovascular Ultrasound /4562837414115234, Title: Large aortic aneurysm mimicking a cardiac tumor

Reviewer's report:
The present case report may be of potential interest for the journal; however, there are major issues that authors should address:
1. Please modify the title into “large aortic aneurysm mimicking a cardiac tumor”
2. The case report should be better described and the description of the vertebral hernia is confusing and should be deleted.
3. Please describe the clinical implications of the case. Several mediastinic masses may provoke the same presentation at echocardiography. Please discuss.
4. Please upload clips (there is no space limit)
5. The English language should be extensively revised.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Not suitable for publication unless extensively edited

Declaration of competing interests:
'I declare that I have no competing interests'

Our response:
We thank the editor for the comments.

Major comments:
1. Please modify the title into “large aortic aneurysm mimicking a cardiac tumor”

Our response:
We appreciate the expert comments of the reviewers and editors, and we have modified the title into “large aortic aneurysm mimicking a cardiac tumor”.

2. The case report should be better described and the description of the vertebral hernia is confusing and should be deleted.
   
   Our response:
   
   We have since then deleted the description of the vertebral hernia as suggested.

3. Please describe the clinical implications of the case. Several mediastinic masses may provoke the same presentation at echocardiography. Please discuss.
   
   Our response:
   
   Simulating lesions including metastatic extension of mediastinum tumor and bronchogenic cyst should also be suspected. Anterior mediastinum masses tend to compress the right heart chambers, while posterior masses impinge on or compress the left atrium or ventricle, particularly the former.

   A distinction may be made between encroachment: distortion or partial displacement of one or more cardiac chambers by a contiguous mediastinal mass, without adverse hemodynamic effects, and compression: resulting in clinical manifestations such as tamponade.

4. Please upload clips (there is no space limit)
   
   Our response:
   
   We have since then upload clips as suggested.

5. The English language should be extensively revised.
   
   Our response:
   
   We have since then modified the manuscript to these comments and have made appropriate changes in the manuscript as suggested.