Author's response to reviews

Title: Mitral annular disjunction in myxomatous mitral valve disease: a relevant abnormality recognizable by transthoracic echocardiography

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Dear Editor of Cardiovascular Ultrasound:

In response to the reviewer's reports I address you some comments, point-by-point. I also revised the manuscript accordingly.

1. **Title: the title is too long and not too catchy.**
   Mitral annular disjunction in myxomatous mitral valve disease: a relevant abnormality recognizable by transthoracic echocardiography

2. **On the basis of their experience and observation authors may design an algorithm of evaluation during echocardiography**
   We think that any mitral prolapse transthoracic examination should include an appreciation of the distance between the left atrial wall-mitral valve posterior leaflet junction and the top of the LV posterior wall during end-systole using a parasternal long axis view.

3. **Any added value for 3D echocardiography?**
   We agree about the hypothetical advantage of real-time three-dimensional (3D) and 3D reconstruction echocardiography to evaluate this abnormality, and we made some changes to the manuscript concerning that issue. We also included some extra references.

4. **What is the mechanism of annular dysfunction in this condition?**
   The mechanism is described on the manuscript and is due to the valve insertion in the “atrial wall” which is responsible for an increased diameter of the mitral valve circumference during systole, as the atrium diameter increases during systole, and there for to a coaptation deficit.

5. **Please upload more images (clips)**
   Done
6. **Inter and intraobserver variability in a subset of subjects (i.e. 10 subjects).**

We found a low variability in inter-observer and intra-observer observations with an intraclass correlation of 0.97 and 0.94 respectively (Pearson correlation).

I look forward to hearing from you soon.

Yours sincerely,

Pedro Carmo