Author's response to reviews

Title: Echocardiographic Predictors of Severe Heart Failure Symptoms in Hypertrophic Cardiomyopathy Patients with Sinus Rhythm

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

Please find attached our revised manuscript “Echocardiographic Predictors of Severe Heart Failure Symptoms in Hypertrophic Cardiomyopathy Patients with Sinus Rhythm” that we would like to submit for publication in the Journal.

We tried to address the comments by referees in the revised manuscript. The changes in the text and point-by-point response to the concerns are listed below.

As the first author of the manuscript, I would be extremely pleased if the evaluation and decision concerning the acceptance of the manuscript could be possible before the end of February 2008. If the manuscript gets accepted to be published before that date, I will be able to add this paper to my associated professor examination file.

All authors meet the full criteria and requirements for authorship. All authors have read and approved the submission of the revised manuscript and the manuscript has not been published and is not being considered for publication elsewhere in whole or part in any
language except as an abstract. No conflict of interest exists for any of the authors. The study complies with the Declaration of Helsinki, was approved by the local ethical committee and each patient gave written informed consent.

We look forward to hearing from you at your earliest convenience.

Thank you in anticipation.

Yours sincerely,

Fatih Bayrak MD

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**Response to Referees:**

**Referee 1:**

In this paper, the authors suggested that diastolic dysfunction determined with EDt, occult systolic dysfunction which is detected with TD analysis, and LV outflow obstruction affecting symptomatic status in HCM patients with sinus rhythm and normal systolic function.

The paper is well written, but statistical analysis must be revised. For example; presented echocardiographic predictors of heart failure symptoms must be investigated by multivariate analysis including age, gender, LV obstruction, TDI parameters, and mitral regurgitation instead of univariate analysis.
**Answer to referee 1:**

The statistical analyses are revised in accordance with the referee’s comments. A probability value < 0.05 was required for retention within the final stepwise regression model (parameters included in the multivariable analysis: age, gender, LV outflow obstruction, mitral regurgitation, E wave deceleration time, lateral mitral Ea, Aa, Sa, septal mitral Sa, mitral E/Ea and lateral E/Ea). Table 2 is changed and multivariable analysis data is added as requested by the reviewer.

**Referee 2:**

I would like to congratulate the authors for their comprehensive analysis on patients with hyperthrophic cardiomyopathy (HC). They provide a good insight to development of debilitating symptoms caused by HC. Below are some points to improve the article significantly.

**Major Compulsory Revisions**

Division of patients into subgroups depending on EF or presence of left ventricular outflow tract gradients and a subgroup analysis would have enabled the audience to categorize the symptomatology and the pathophysiology. Discussion of new data in the light of current literature is necessary. Besides, it is a well-written article with adequate interest in its field. It presents novel data; however, discussion of the findings with the current literature needs improvement.
Answer to refree 2:

A new section entitled “Effect of LV outflow obstruction on demographic and echocardiographic variables” is added to the results section. Comparison of hypertrophic cardiomyopathy (HC) patients with and without LV outflow obstruction in respect of demographic and echocardiographic parameters were performed. Also a subgroup analysis of non-obstructive HC patients was performed. The discussion section is detailed (page 8 first paragraph and page 9 second paragraph) in accordance with the new analyses results and two recent references were added to the reference list:


As patients with low left ventricle ejection fraction (<50%) were excluded from our trial, no further subgroup analysis was performed in respect of ejection fraction.