Author's response to reviews

Title: Extracardiac Fontan with T-shape conduit in non-confluent pulmonary arteries

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Author's response to reviews: see over
Answer for reviewer’s report

1. Yoshihisa Tanoue
   1) “Schematic operative findings of T-shaped extracardiac conduit TCPC”
      ; we added schematic operative pictures for that. Figure 3.
   2) “cardiac catheterization data is not enough”
      ; we added cardiac catheterizing findings on the text.
   3) “body weight and surgical approach at first palliation and BDG should be added”
      ; we added.
   4) “the terms of PTFE and Goretex should be uniformed”
      ; we corrected.

2. Jinfen Liu
   1) “Describe patient’s preoperative data in detail…” ; we added.
   2) “offer 1 or 2 picture to show patient’s pulmonary arterial condition…” ; we would like to do, but if it will be done, there were too many pictures in this paper. We think that we are sorry for that.
   3) “the picture of pre-designed T shaped PTFE conduit is not very good.”
      ; we changed that picture with better one.

3. Davis c Drinkwater, Jr.
   1) “To protect against clot formation in the PTFE graft, was antiplatelet therapy only used or was coumadin employed at any time before completion-Fontan?”
      ; We added some information for this comment on text. We used coumadin after all of these operations.
   2) “At 32 months, it is not clear following a cath demonstrating 11 mm Hg mean gradient at the Glenn anastomosis, that a repair or attempted catheter-based intervention was carried out in addition to collaterals being embolized.”
      ; We added some comments for this comments on text. We thought it might be dangerous to use interventional approach for the stenosis because it was predicted to be calcified or fibrotic hard peel formation in PTFE conduit. We already found that findings in the previous operation directly in operation room. Additionally, we planned to perform Fontan operation sooner or later.
   3) “As selection of prosthetic material, was ringed PTFE graft considered to prevent extrinsic compression by a presumably large ascending aorta?”
We think that this is very good idea. We consider to use this material for next operation. But we think that ringed PTFE graft might induced the airway compression due to character of ringed graft’s hardness.

4) “This first operation set in motion a unique approach, using PTFE graft with subsequent upsizing at each procedure, rather than unifocalizing the true PAs.”

We did not choose that kind of option because disconnected segment was too long and pulmonary artery hilar portion was too tiny.

5) “Finally, the pericardial cuff-fenestration is interesting. Presumably a circumferential anastomosis is made around an atriotomy site. One potential concern is the skirt-anastomosis might create a separate cavity which could be an area for clot development. Would the authors kindly describe the actual fenetration completion and whether coumadin is considered mandatory with this technique?”

We think that it is needed to use coumadin and still on it.