Author's response to reviews

Title: Repair of injured right inferior pulmonary vein during mitral valve replacement

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Author's response to reviews: see over
Dear Dr. Zamvar,

Many thanks for your more than valuable feedback. Below we have addressed separately each reviewer and respective comments. We have outlined our response in the following manner:

- **Reviewer - 1 Comments**
  - Comment 1 / Answer to comment 1
  - Comment 2 / Answer to Comment 2
  - Comment 3 / Answer to Comment 3
  - Comment 4 / Answer to Comment 4

- **Reviewer - 2 Comments**
  - Comment 1 / Answer to comment 1

- **Reviewer - 3 Comments**
  - Comment 1 / Answer to comment 1
  - Comment 2 / Answer to Comment 2
  - Comment 3 / Answer to Comment 3
  - Comment 4 / Answer to Comment 4

- **Reviewer - 4 Comments**
  - Comment 1 / Answer to comment 1

**Reviewer 1 Comments**

**Comment 1**
I think the readers would like to know the exact kind of retractor-s used for MV exposure.

**Answer to Comment 1**
The exposure of the Mitral Valve was obtained by using a Fraser type retractor.

**Comment 2**
In the introduction section of the manuscript the appropriate references are missing, after the end of the 1st paragraph (if such references exist).

**Answer to Comment 2**
As mentioned in the text, there are very few references in the literature, and those mentioned in the text were the only ones the authors were able to study.

**Comment 3**
"Our case" section of the manuscript: correct by "77-year old" or "77 years old".

**Answer to Comment 3**
Thank for kindly noticing that mistake. It has already been corrected.

**Comment 4**
I wonder if a right lower lobectomy could be another option to solve the problem instead of a complex repair of the pulmonary vein - I mean in patients where preoperative spirometry allows to proceed with pulmonary parenchyma resection. If yes, a comment could be added in the discussion.

**Answer to Comment 4**

We consider that a decision to perform a right lower lobectomy would be quite exaggerating, as it would increase both mortality and complications of a simple mitral valve replacement, even if there is a satisfactory preoperative spirometry control. Furthermore, such a decision would increase the technical difficulty of the procedure and it would transform a simple mitral valve replacement to a complex operation.

**Reviewer 2 Comments**

**Comment 1**

In the discussion section I would like to see a brief comment about alternative approaches in cases of small left atrium (as we often see in acute mitral regurgitation). For example, incision through the right atrium and the interatrial septum, with the option of extention of the incision in the left atrial roof.

**Answer to Comment 1**

The complication described can also be avoided by choosing other ways to access the mitral valve, such as via the right atrium (transeptal approach) or via the left atrium roof. This is an alternative option to the surgeon in cases of small left atrium or in cases where the anatomy of the pulmonary veins does not allow the surgeon to proceed through the classical Sondergaard approach.

**Reviewer 3 Comments**

**Comment 1**

The written English has to be improved

**Answer to Comment 1**

The initial manuscript has been carefully revised and there have been some appropriate language changes.

**Comment 2**

Introduction and case reporting have to be minimised to the necessary.

**Answer to Comment 2**

We have tried to compromise to that comment.

**Comment 3**

More references have to be integrated to the text.

**Answer to Comment 3**

As mentioned in the text, there are very few references in the literature, and those mentioned in the text were the only ones the authors were able to study.

**Comment 4**
Figure 4 is of poor quality and there are no indicating arrows for the understanding of the final surgical construction.

**Answer for Comment 4**
You are right about the poor quality of the figure and we apologize on that. We have added the appropriate marks in order to clarify the anatomical and surgical structures demonstrated in the figure.

All your remarks and minor essential revisions have been taken under serious consideration. They have been very helpful and we kindly thank you for making them.

**Reviewer 4 Comments**

**Comment 1**
I would like some corrections that I consider as Minor Essential Revisions

**Answer to Comment 1**
Thank you for your essential revisions. They have been taken under serious consideration and have been very helpful to our effort to improve our initial manuscript.