Author’s response to reviews

Title: Mitral valve surgery for mitral regurgitation caused by Libman-Sacks endocarditis: a report of four cases and a systematic review of the literature

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Author’s response to reviews: see over
Point by Point response file to Reviewer`s comments

Reviewer's report 1
Title: Mitral valve surgery for mitral regurgitation caused by Libman-Sacks endocarditis: a report of four cases and a systematic review of the literature
Version: 1 Date: 25 January 2010
Reviewer: Thomas L. de Kroon
Reviewer`s report:
Discretionary Revisions
1. The authors suggest that in most patients hemodynamically important valvular dysfunction can be controlled with conservative treatment, including heart failure therapy. Maybe this can be more specified, according to the guidelines (ACC/AHA 2006). Conservative treatment, including heart failure therapy is now specified according to the European Society of Cardiology guidelines (2008). Heart failure therapy includes ACE-inhibitors, beta-blockers, diuretics. This has been incorporated in the revised manuscript.
2. The authors stress the point that mitral valve repair is feasible in LS endocarditis. From their review the opposite conclusion can be drawn. The longest follow-up is, except for their own case in which the diagnosis LS endocarditis was not histological proven, 3 years. In patients who are advised to use anticoagulation for the rest of their life (page 10), a replacement with chordal preservation may not be a bad option.
Our data and the results of a systematic review of the literature show that mitral valve repair for Libman-Sacks endocarditis IS possible/feasible, especially when mitral valve abnormalities are localized. The opposite conclusion that repair is not possible/feasible is NOT true as shown by the data.
We do agree, however, that when patients are advised to use anticoagulation for the rest of their life, a replacement with chordal preservation is a good surgical alternative.
We incorporated this statement in the discussion section of the revised manuscript.
In addition, we discuss that for LS mitral valve endocarditis no definite conclusion has been reached yet as to whether repair is superior to replacement or whether a bioprosthesis is superior to a mechanical prosthesis. However, the conclusion that repair is possible/feasible still holds.
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
'I declare that I have no competing interests'
Reviewer's report 2
Title: Mitral valve surgery for mitral regurgitation caused by Libman-Sacks endocarditis: a report of four cases and a systematic review of the literature
Version: 1 Date: 20 January 2010
Reviewer: Nicolas Doll
Reviewer's report:
This Manuscript presents an overview (Systematic Review of the Litterature) about Mitral Valve Endocarditis caused by sterile verrucous vegetative lesions which are described as Libman-Sacks endocarditis. The authors of this manuscript have further explored the relationship between the Libman-Sacks endocarditis and both systemic lupus erythematosus as well as antiphospholipid syndrome. Furthermore the authors have presented four cases of Mitral Valve Libman-Sacks endocarditis in the period from 1995 to 2008. The outcomes and literature review were further discussed in this manuscript.
This is an overall well written comprehensive paper with minor grammatical mistakes.
Furthermore, taking into consideration that this is a retrospective study and the small number of cases included, there are some issues which needs to be pointed out for further improvement of the quality of the paper:
1. Case reports descriptions are very lengthy which is arduous to the readers and should concentrate to the facts relevant to the topic.
   Case report descriptions were all shortened and concentrate on the facts relevant to the topic (see revised manuscript).
2. The systematic review section of the paper needs to be further elaborated as the reader should be able to retrace the results of the review. Furthermore, more information needs to be provided such as; Overview of the methodology, strengths and limitations of the systematic review process, quality of the included publications, definition of the evaluation criteria, etc.
   We further elaborated the systematic review section of our paper. We provided the methodology and Pubmed, EMBASE, and Cochrane keywords we used in our literature review including our selection/evaluation criteria, so that the reader can retrace the results. Quality of the included publications is discussed, as well as strengths and limitations of the systematic review.
3. Discussion section of this manuscript is very extensive and needs to be shortened for further improvement of the paper’s quality.
   We believe that shortening the discussion section will reduce the paper’s quality. A particular strength of this paper is the description of pathogenesis, differentiation between LS endocarditis and NBTE, and the diagnostic and surgical dilemma’s (repair vs replacement, bioprosthesis vs mechanical prosthesis). We believe that especially the extensive discussion of surgical treatment will benefit cardiothoracic surgeons and cardiologists confronted with this disease. Therefore we suggest to maintain the current discussion. [The total word count of the paper is 3634, which is well below usual word count limits.]
   This systematic literature review has its limitations and further work should be done to improve the quality of this paper.
   Thank you very much for the opportunity to participate in the review process of
Reviewer's report 3
Title: Mitral valve surgery for mitral regurgitation caused by Libman-Sacks endocarditis: a report of four cases and a systematic review of the literature
Version: 1 Date: 5 February 2010
Reviewer: Robert C. Gorman
Reviewer's report:
The authors report 4 cases of Libman-Sacks endocarditis of the mitral valve. The paper is well focused and written. The discussion is excellent and the references are encyclopedic. While this is a rare disease, it is one of which surgeons should be aware. The feasibility for successful repair is an important message. I would recommend publication as currently written.
Thank you.
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.