Author's response to reviews

Title: Multislice Computed Tomography is Useful for Evaluating Partial Anomalous Pulmonary Venous Connection

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Author's response to reviews:

Dear Dr. Zamvar

This is a continuation of our previous correspondence (The Journal of Cardiothoracic Surgery, MS:761699693336231). We thank the editor and the reviewers for their suggestions and we feel that in following their comments and suggestions we were able to improve our text significantly. In the following, we will answer each comment and we changed the text wherever it was appropriate. We also send you a “clean” version as it should appear as well as a version where we indicated the changed text as well as the omitted parts.

Answers to Reviewer (Raghavannair S Suresh Kumar MD)

First of all, we really would like to thank you very much for your kind and instructive comments.

In response to the comment concerning the title, we changed to “- for evaluating Partial Anomalous Pulmonary Venous Connection”.

In response to the comment concerning the introduction, we changed the text according to your comment.

In response to the comment concerning Case 1, we changed the text according to your comments. Her diagnosis was sinus venous septal defect with PAPVC of the right upper lobe vein to the SVC, as in your comment.

In response to the comment concerning Case 2, we changed the text according to your comments. In the response to the comment that the MDCT angiogram showed not the pulmonary vein but the azygos vein, we created new images including the azygos vein.

In response to the comment concerning Case 3, we changed the text according to your comments.

In response to the comment concerning the expression of surgical mobility, the
sentence included an inappropriate expression as you indicated. We changed it in the revised manuscript.

In the response to the comment concerning the second paragraph in the Discussion, we changed it to indicate our meaning clearly. We stated that our experience suggests there is a possibility of missing reconstruction of higher connected pulmonary veins without sufficient preoperative information.

In response to the comment concerning the term "patient’s morphology," we changed it according to your comment.

In response to the comment concerning the third paragraph, we revised it.

In response to the comment concerning MRI, we changed it according to your comment.

In response to the comment concerning language including many mistakes in grammar, English editing was performed by a native-speaking scientist. We believe this paper now meets international standards.

Finally, we feel we were able to improve our text significantly thanks to your comments.

Answers to Reviewer (Tayfun uçar MD)
Thank you very much for your comment on our paper.

Answers to Reviewer (Sergio Moral MD)
In response to the comment concerning the introduction, we quoted three papers according to your comment.

In response to the comment concerning Case 1, we added diagnostic tools (echocardiography and catheter angiography), and the surgical indication in the revised manuscript.

In response to the comment concerning Case 2, we changed the text for clarify.

In response to the comment concerning Case 3, we think your comment is correct. We changed it to “- which had been missed on echocardiography”.

In response to the comment concerning 8th line in the discussion, we are sorry for the confusion caused by an inappropriate expression. We stated that our experience suggests there is a possibility of missing reconstruction of higher connected pulmonary veins without adequate preoperative information. We do not think that regular practice of MDCT can avoid injury of the phrenic nerve. We think that regular practice of a MDCT may avoid unnecessary dissection along the SVC toward the jugulo-subclavian junction, if a higher connected SVC does not exist.

In response to your comment in the next line in which you suggested that we stated the idea and then give an example, we did not understand your meaning
completely but we changed the text and added one reference for clarify.

In response to the comment concerning the second paragraph, we revised the
text according to your comment. In response to the comment concerning some
references about the possibility of finding a left SVC occluded or stenotic in
asymptomatic patients, we added the references.

In response to the comment that in the occlusion of reconstructed pulmonary
veins as a complication of the surgical technique, there is no recent paper giving
the prognosis and percentage of such patients that are asymptomatic to the best
of our knowledge, probably because it is not easy to detect occlusion in a limited
area by a routine method (such as echocardiography), and it does not result in
symptoms of cyanosis so further medical examination is not likely to be
recommended.

In response to the comment concerning post-operative TTE, we think your
comment is correct. We changed the text. We also changed the text according to
your comment on catheter angiography.

In response to the comment concerning the paragraph, we changed the text
according to your comments, and quoted your paper indicating superior spatial
resolution of MDCT.

In response to the comment concerning the arrow in the figure legends, we
corrected it.

Finally, we feel that we were able to improve our text significantly thanks to your
comments.