Reviewer's report

Title: Multislice Computed Tomography is Useful for Evaluating Pulmonary Venous Malformation

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Reviewer: Raghavannair S Suresh Kumar

Reviewer's report:

This article is a useful summary of the experience on using MDCT angiography in evaluating Partial Anamolous Pulmonary Venous Connection. The basic theme is sound and merits publication. However, the article requires MAJOR COMPULSORY REVISION and reassessment after the revisions to avoid misleading communication. The following points require special attention.

1) The title: The title has used the word Pulmonary Venous “Malformation”. This would refer to a wide range of abnormalities ranging from anomalous pulmonary venous connection to pulmonary arteriovenous malformation. This article has studied only 3 cases of Partial Anamolous Pulmonary Venous Connection. Therefore, the title should refer to – for evaluating Partial Anamolous Pulmonary Venous Connection. The authors have no experience to report the role of the technique in other pulmonary venous malformation.

2) Where the introduction is to refer to abnormal pulmonary venous connection the word connection is better than the word malformation. In most of the article the two terms are used synonymously.

3) In the introduction there is a sentence on MDCT – provide more precise morphologic conditions. Replace condition with morphologic delineation.

4) Case reports:
   a) The case reports may be numbered as 1, 2 3.
   b) Case 1: Line 1 to be corrected as ............... diagnosed with Partial Anamolous Pulmonary Venous Connection of right upper lobe vein to SVC.
   c) I suspect this child had sinus venosus septal defect – as for the case.
   d) Line 4 refers to persistent LSVC by saying that this child also had a persistent LSVC deleting the word of another extra cardiac malformation.
   e) Case 2: the sequence of events is all jumbled. Please start the description by saying that a 4 year old girl had anomalous drainage of right upper pulmonary vein to SVC. I am not sure what exactly the MDCT angiogram showed (1 or 2 pulmonary vein, was actually azygous pulmonary vein)
   f) Case 3: correct the first line to say that patient had anomalous drainage of the left upper pulmonary vein as a vertical vein into the brachiocephalic vein. Correct the last line to say that – which had been missed on echocardiography. It is
wrong to say that it would not have been possible to confirm by echocardiography.

5) Wherever the reference is to MDCT, please use the word MDCT angiogram.

6) I am not sure what the authors have meant by the expression surgical mobility. If they mean mobilizing the pulmonary veins during surgery they must actually say so.

7) Second para in discussion: our experience suggests the advisability – a concept is unclear I suspect the others are suggesting that it is better to do a warden’s procedure rather than detaching the pulmonary veins from the SVC. This should be clarified.

8) The last sentence in the discussion changes the word patient’s morphology to the morphology of pulmonary venous connection.

9) Para 3 in discussion deals with the utility of MDCT angiography in post operative evaluation of reconstructed pulmonary veins. The authors should state that the technique clearly demonstrates patency or occlusion of the reconnected pulmonary vein and SVC.

10) Para 4 in discussions refers to MRI. Please use the word MR angiography.

11) There are numerous minor mistakes in grammar which I have ignored.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I have no competing interests