Reviewer’s report

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

Version: 1 Date: 19 January 2010

Reviewer: Sergio Moral

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MDCT is becoming a promising technique for the evaluation of partial anomalous pulmonary venous connection (PAPVC). I carefully read the article of Dr. Kasahara et al. who provides interesting aspects of this technique in patients who undergo a surgical intervention for PAPVC.

In my opinion it is important to do some major compulsory revisions for a better understanding of the paper:

1. Introduction:
- Some more references are needed for supporting the given information.

2. Case Reports:
- First Case: a better explanation about how the 10-year-old patient was diagnosed is needed (echocardiography?) and what took her to a surgical intervention.

- Second Case: confusing last sentence: it looks like MDCT provides wrong information, the correct interpretation is the existence of another anomalous pulmonary vein connection.

- Third case: MDCT could be a good option for this case, but not the only technique.

3. Discussion:
- 8th line of the discussion “our experience suggests the advisability of abandoning the reconstruction of higher connected...”: you cannot recommend the regular practice of a MDCT for avoiding the injury of phrenic nerve if you don’t mention it in your own cases or give any literature reference about it.

- In the next line I would suggest to expose the idea and then give the example and not the opposite (the case of Warden procedure)

- Second paragraph (post-operative evaluation):

+ I would recommend to describe all the pre-operative procedure advantages in the previous paragraph and to add some references about the possibility of finding a left SVC occluded or stenotic in asymptomatic patients.
+Post-operative evaluation: in the occlusion of reconstructed pulmonary veins as a complication of the surgical technique, please provide some references about the prognosis and the percentage of these patients which are asymptomatic.

+Post-operative TTE: I would suggest not to be so categorical about that; MDCT could give important information, but TTE can be useful sometimes.

+About catheter angiography: unless you give us a literature references contraindication for this procedure at that point, you can suggest that it is better not being so invasive but not being so categorical about that.

-Last paragraph:
+Please focus on the advantages of MDCT in comparison with MRI (MDCT is the issue of your article).

+I would recommend not talking about preferences, but give some references supporting your idea.

4. Figure Legends:
-Figure 1B: Should be an arrow instead of arrowhead.

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 declare that I have no competing interests