Author's response to reviews

Title: End stage ischaemic cardiomyopathy, ascending aortic aneurysm and aortic coarctation: Surgical treatment by a single stage repair

Authors:

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Author's response to reviews: see over
Reviewer: dimitrios dougenis
Reviewer's report:
This case report is nicely written and has a clear message and a special point of interesting technique. Briefly the authors demonstrated that heart transplantation associated with a short period of hypothermic circulatory arrest can be obtained with no severe neurological compromise. The technical point highlighted here is that the left lung can be removed into the empty pericardial cavity, giving access and space to repair the coarctation. I suggest publishing, if possible including the following point of criticism:
The only criticism is that there is no F/U regarding the thoracic aorta, both ascending, arch and descending. If authors could provide some information, the case report would have a greater value for the readers.

Thank you, Photographic material has been added

Reviewer: Panagiotis Dedeilias
Reviewer's report:
The simultaneous treatment of heart failure, ascending aortic dissection and coarctation of the aorta has never been described before, constitutes a rare and challenging surgical entity and worths a publication. It would be better to supply some images to enhance the interest of readers.

Images are added

Reviewer: DIMITRIOS MIKROULIS
Reviewer's report:
The authors of this article report a case of a patient with an aortic coarctation, an ascending aortic aneurysm and end stage ischaemic cardiomyopathy. This is a rare complex pathology and therefore interesting for the readers of your journal.
1. Question:
Did you perform any examination to determine the viability of the myocardium? If an extensive portion of myocardium is viable, maybe an alternative technique, such as an hybrid revascularization + extra-anatomical operation, should be Preferable, instead of transplation. Please comment and complete this information in the text.
2. Complete the type of the incision in the page 3, before the findings at the operation of the recipient.
3. Page 5, line 1: correct the phrase "to exclude the need to clamp the aorta excluding the need to expose and then clamp the aorta"

Thank you

MRI of the heart revealed non viable myocardium, moreover coronary angiography had failed to visualize the coronary vessels; therefore we felt that “blind” bypass grafting was out of question.
The only incision on the recipient was a median sternotomy

**Reviewer:** Guido Gelpi

**Reviewer's report:**
The case report presents a rare case of ascending aorta dissection, regurgitant aortic valve, aortic coarctation and finally an end stage cardiac failure. The authors report a successful heart transplant and repair of the coarctation at the same time; very few cases like this are reported in literature. The manuscript lacks figures (e.g., CT scan) describing well the pathology and there are some forgetfulness (e.g., Entity of aortic valve insufficiency, mmHg etc). The authors were very brave to leave a 9 cm ascending dissected aorta for 11 months!

In conclusion I think that with a good iconography and minor review the case could be interesting for publication.

Thank you

All suggestions are taken into consideration.