Author’s response to reviews

Title: Intraoperative device closure of perimembranous ventricular septal defects in the young children under transthoracic echocardiographic guidance; initial experience

Authors:

Hua Cao (scottie98345@sohu.com)
Qiang Chen (scottie98345@sohu.com)
Gui-can Zhang (scottie98345@sohu.com)
Liang-wan Chen (scottie98345@sohu.com)
Qian-zhen Li (scottie98345@sohu.com)
Zhi-huang Qiu (scottie98345@sohu.com)

Version: 2 Date: 8 December 2011

Author’s response to reviews: see over
Dear Editor:

We are very pleased to receive your decision letter on our MS ID#: MS: 4132751486224368. We studied the comments thoughtfully and found that all these comments are very constructive for revising the manuscript. We have revised the manuscript according to the comments and send it to you.

To reviewer 1: We also confirmed TEE was superior to any other method for the measurement of rims and dimension of VSD. We choose TTE guided the device closure because of relative clear definition of the perimembranous VSD anatomy in young children especially in infants, subcostal views are practicable to guide the procedure of perventricular device placement. Regarding the resolution and image quality, TTE is not as good as TTE, but echo examination under general anesthesia in young children or infants usually have very good-quality images, which determine the accuracy of examination results and affect the procedure of VSD closure guidance. We chose these young children in this study because these patients had very good acoustic windows, but we have not experience about other patients. So as the reviewer stated, our patients were restrictive.

To reviewer 2: We choose this methods because this treatment is minimally invasive, offer a good cosmetic effect and are more acceptable to patients, and we also achieve high technical success and good acute outcomes, meanwhile, it don’t need advanced and expensive equipments and the cost is acceptable in low-income nations. As our initial experience, our patients were restrictive, and this method has not been applied to other VSD patients.

To reviewer 3: At present, our method are only used in the young children, so we have no experience about other VSD patients. The device can't be placed transvenously. The occluder was different from the Amplatzer occluder, and it’s made in our country. It only can be used in our method. The device available on the market in our country. We are not the 1st authors use this device clinically. We also referenced other reports.

We must say sorry for our poor English. We revised our MS with the help of some native.
Thank you for your attention and help. Merry chirsmas and happy new year.

Your sincerely,

Hua Cao

2011-12-8