Author's response to reviews

Title: Recurrent pannus formation causing prosthetic aortic valve dysfunction : Is excision without valve re-replacement applicable?

Authors:

   Ahmad K Darwazah (darwaz30@hotmail.com)

Version: 2 Date: 4 April 2012

Author's response to reviews: see over
Vipin Zamvar, FRCS
Editor
The Journal of Cardiothoracic Surgery

Dear Sir,

Thank you for your e-mail. All the reviewers comments were studied carefully and taken into consideration.

The commentary was corrected. Extra paragraphs and references were added. I hope you will find the changes appropriate.

Thank you again for your time and effort taken to review our manuscript.

Best Regards,

Ahmad K Darwazah FRCS
Reviewer 1
Thank you Professor Cianciulli for your positive comments and accepting the manuscript.

Reviewer 2
Thank you Dr Tabry for your comments and accepting the manuscript.

# Regarding recurrence of pannus in the future, I think it is very difficult to predict that. Complete removal of the pannus is our only assurance that it will not recur.

# The patient was well anticoagulated. INR during follow up was between 2.5-3.2

# Replacing the valve with pericardial valve is a sound alternative. But the issue remains “would we replace a well functioning prosthesis “.

The other point is that pannus can complicate pericardial valves. I agree it could be much easier to perform a percutaneous valve implantation in the future.

Reviewer 3
Thank you Dr Teshima for your positive comments. Extra paragraphs and references were added explaining the important points you mentioned in your comments.
The reference was changed as you recommended.

How about INR during follow up?

I agree that interruption of oral anticoagulants is one of the main reasons of prosthetic valve dysfunction. Our patient was taking the medication regularly. INR was well controlled between 2.5-3.2.

The INR during the second operation for RMVR was 2.5.

The target INR value for aortic valve is 2.5. For mitral valve 3.0-3.5.

I agree with you that the resection of pannus in the third operation was incomplete. Yes, new pannus will form from any remnants of previous pathology.

Replacement Vs excision: That is a difficult question. But, would we replace a well functioning prosthesis?? What assurance do we have that pannus will not form again if we re-replace the valve!!

It seems that pannus formation varies from one person to another. I agree with your statement in your last work that Genetic analysis is needed to be performed in the future. I believe that there is an individual susceptibility to the development of pannus.

I think if the prosthetic valve is not involved in pannus formation it should be left without re-replacement provided that the pannus is completely excised.

During the 8yrs, the patient was asymptomatic. She was followed up regularly. Echocardiography showed a well functioning
prosthesis. It was extremely difficult to suspect that the patient may have had an already ongoing process of pannus formation.

No comparison was made between mechanical and biological valves as our patient had a mechanical prosthesis. So I thought the discussion was focused on that issue.

I am not sure about the incidence of pannus formation among biological valves. But most of our valve failure was due to calcification and cuspal perforation. Pannus formation was seen among patients with mitral valve replacement.

# page 5

I agree with you about predictability.

As mentioned, our patient was followed up regularly. Anticoagulation was well controlled. It was difficult to predict redevelopment of pannus.

I agree that cineradiography is an excellent tool for the diagnosis of prosthetic malfunction especially when combined with computed tomography. I think follow up by echocardiography can miss early formation of pannus. And I would agree with you to use a combination of cineradiography and computed tomography for follow up among patients who had pannus excision without replacing the valve.