Reviewer's report

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

Version: 1 Date: 22 February 2012

Reviewer: Hideki Teshima

Reviewer's report:

Major: no
Minor: my comments in word below.
Discretionary. no

To Editor

I accomplished the revise of this paper of Journal of Cardiothoracic Surgery. Please refer it. Thank you for giving me this chance.
Hideki Teshima.

Reviewer :

Comments to the Author

The author described "Recurrent pannus formation causing prosthetic aortic valve dysfunction: Is excision without valve re-replacement applicable?". I recommended the paper was probably acceptable and very interesting. However, I think there are some minor weak points in this paper for the publication in Journal of Cardiothoracic Surgery as follows.

Page 2; Reference #3.
Author's #3 reference was a case report. I think following reference is better than that case report.


Page 4; How about INR during follow up.
The authors described the successful pannus resection in the aortic mechanical valve. I am interested in the cause of recurrence. First, please teach the target INR value in your institution. In addition, how good is the INR control in this case? Is the interruption of an oral anticoagulant medicine, isn’t it?
Because in our experience, higher incidences of the interruption of an oral
anticoagulant medicine in 54% of the prosthetic valve dysfunction group were shown [below].

Please refer this evidence below.


Page 4 middle and 5 bottom: Pannus resection.

I wonder which procedure, excision or replacement, should be selected. We think only pannus resection was not complete. Remaining pannus will be form new one again by the same mechanism of prior pannus formation. Therefore, if possible, re-replacement will be better. Author said this patient spend safely in 8 years between excision and present operation. I agreed this comment. But readers can not understand the basis of that duration. Is the patient satisfied? I also wonder the author was compared between mechanical and bioprosthetic valve. Please give me some comments.

Page 5: Cineradiography for aortic prosthetic valve dysfunction.

Cineradiography is suitable for the diagnosis of aortic prosthetic valve dysfunction, especially St. Jude Medical valve [our references: 1,2]. There is no description of a certain follow up between 2003 and present. Only the surgery was done because patient had same abnormality in her prosthesis. So this paper had a limitation in predictability of recurrence. How is the author’s comment about this issue? In our experience, cineradiography and multidetector-row computed tomography are very usefulness for the diagnosis of pannus [3]. Please refer our reference below.


Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests