Author's response to reviews

Title: Midterm Results after Arterial Switch Operation for Transposition of the Great Arteries: A Single Centre Experience

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Author's response to reviews: see over
Dear Editor,

Thank you very much for the revision of our manuscript. We enjoyed yours and the remarks of the reviewers, which improves our manuscript, and responded them point-by-point. Changes in the manuscript are marked in red color. Hoping that the present paper will be suitable for publication we thank you in advance for the time spent in revising the manuscript.

Best regards

Aron-Frederik Popov
Reviewer's report

Title:
Midterm Results after Arterial Switch Operation for Transposition of the Great Arteries: A Single Centre Experience

Reviewer York Zausig:

Page 1:
Line 4: Please delete “AF”
Line 11 and 12: Are there two anesthetic departments in Goettingen?

AW: As advised we changed it.

Page 3, line 19: Is it really days or years?

AW: Days

Page 4, line 8: 27% is not correct; it should be 19%, Please check all % numbers in the whole manuscript (e.g. Table 1: 19.23 instead of 26.9 %, etc.)

AW: As advised we changed it.

Page 5, line 5-9: Please provide some literature for the reader.

AW: We included the references regarding the Yacoub classification, and also the Sauer classification in the reference section.


Page 8, line 1: What is the definition of “late complications” and “follow up” (table 5)
AW: “Late complications” are any complications which need a hospitalisation for medical treatment without surgery. Definition of “follow up” was briefly described in the methods section.

Table 1-5: Is it SD or SF?
AW: SD (We mentioned it in the statistical analysis section).

Table 3: Please change ITU into ICU
AW: As advised we changed it.

Reviewer Morteza Tavakkoli Hosseini:

Yacoub and Sauer classifications need to be described in more details.

AW: We included the literature regarding the Yacoub classification, and also the Sauer classification in the reference section.


There are quite a few variations in the surgical techniques used for correction of TGA worldwide. Hence, University of Gottingen exact surgical technique needs to be briefly described in a paragraph.

AW: We included in the result section page 6 the surgical technique:

“Surgery was performed in moderate hypothermia (24°C). Myocardial protection was achieved by application of Bretschneider’s crystalloid cardioplegia (Custidol HTK, Köhler Chemie, Germany). The right atrium was then incised and the cardioplegic solution was aspirated from coronary sinus. After transection of the great vessels, the coronary arteries were excised (in U fashion) and subsequently re-implanted in the neo-aorta. The Lecompte maneuver was performed before anastomosis of the neo-aortic root and distal ascending aorta was completed. The neo-pulmonary trunk was reconstructed with pantaloon-like untreated autologous pericardial patch. Then, the atrial septal defect (or a large foramen ovale) was closed, usually by running suture. Finally, the anastomosis between the distal pulmonary
artery and the neo-pulmonary trunk was performed. Reperfusion of the heart and re-warming started after closure of the atrial septal defect.

There is some repetition of the data and results in the main text and the tables. It needs to be addressed in order to make the manuscript more concise and easier to read.

AW: Done