Author's response to reviews

Title: Successful Staged Repair for a Rare Type of Truncus Arteriosus With Interruption of the Aortic Arch and Abnormal Origin of the Left Coronary Artery

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Author's response to reviews: see over
Successful Staged Repair for a Rare Type of Truncus Arteriosus With Interruption of the Aorta and Abnormal Origin of the Left Coronary Artery. Shunji Uchita et.al.

Reviewer #1 : Dr. Wu

Reviewer's report:
Interruption of the aorta and abnormal origin of the left coronary artery the author reported is a rare case. Staged repair is a good method, and the second stage of radical repair achieved good results. The treatment of this case provides some contribution to the clinical work and has certain reference value, so I suggest it be considered for publication.

Thank you for your comments for our manuscript. Our strategy of early two stage repair is useful and safety methods for these complex infant.

The title is partially changed.
“Successful Staged Repair for a Rare Type of Truncus Arteriosus With Interruption of the Aorta and Abnormal Origin of the Left Coronary Artery.”

“Successful Staged Repair for a Rare Type of Truncus Arteriosus With Interruption of the Aortic Arch and Abnormal Origin of the Left Coronary Artery.”
Reviewer #2: Dr. Ono

Reviewer's report:

1. Background: The mortality of TA repair is not quite high nowadays. Presence of IAA and CA anomaly has been determined at risk: need references.

The reasons that we described “The mortality rate for TA repair is quite high, and the presence of IAA and CA anomaly has been determined as risk factors for death.” are below.

Konstantinov and colleagues reported 50 neonate cases with both TA and IAA as multicenter study. The report showed that overall survival from admission was 44% at 6 months, 39% at 1 year, and 31% at 10 years. They summarized the combination of TA and IAA carries a very high early mortality, with an important risk of re-interventions in survivors.

Konstantinov et.al. : Truncus Arteriosus Associated with Interrupted Aortic Arch in 50 Neonates: A Congenital Heart Surgeons Society Study

Annual report of thoracic surgery performed during 2010 by The Japanese Association for Thoracic Surgery reported 33% of hospital mortality.


2. Case presentation: there is no description on the nature and function of truncal valves, neither preoperatively nor postoperatively.

The truncal valve performance is now described on page 4 and 6:

"The truncal valve regurgitation was changed trivial to mild after bilateral PAB by ultrasonic cardiography."
“The tiny truncal valve regurgitation was detected by UCG.”

3. Discussion: the authors performed corrective surgery 1 month after bilateral
PAB. It seemed that if the patient’s haemodynamic were stabilized, the corrective operation could be performed several months after the PAB. Was there reason to perform corrective operation 1 month after PAB, or it was strategically planned?

Short term palliation by bilateral PAB is our strategy for this type anomaly. The reasons of our strategy are below:

- Difficulty of long term PDA patency by PGE1
- Side effects of lipo-PGE1
- Truncal valve regurgitation
- Suppression of pulmonary artery development
- Completion of early physiological hemodynamic status by bi-ventricle repair.

English should be refined.

This manuscript has been edited and corrected by an experienced proofreader who is a native speaker of English. We attach the certification.

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