Author’s response to reviews

Title: Giant lateral left ventricular wall aneurysm sparing the submitral apparatus

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Author’s response to reviews: see over
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Dear Dr. Bender,

Many thanks for considering our manuscript entitled “Giant lateral left ventricular wall aneurysm sparing the submitral apparatus” by Habertheuer et al. for possible publication in the Journal of Cardiothoracic Surgery.

Attached please find a point-by-point response to the suggestions of the reviewers. Additionally, we do provide a revised version as requested in your last email.

We do hope that the manuscript is eligible for possible publication in your journal in its current form.

Sincerely Yours,

Dr. Andreas Habertheuer
Editor's comment:

1) For this paper to be published in a surgical journal, there should be a more detailed explanation of the operative steps.
2) Please revise the manuscript as suggested by the three reviewers.

We thank the editor in chief for considering our manuscript for possible publication in the Journal of Cardiothoracic Surgery. We now provide a detailed explanation of the operative steps. All suggestions according to the 3 reviewers have been revised.

Reviewer #1: Very interesting report of a really rare condition. I suggest publication as there is a paucity of data for lateral LV-wall aneurysms in the literature. The technique used is the classic Dor procedure, the outcome was excellent. Some suggestions to improve the manuscript: What was the interval from myocardial infarction to diagnosis of the aneurysm? What was the interval of cerebral event to surgery? I cannot open the video file, but a postoperative imaging (either MR or Echo) would be very helpful.

We thank the author for the positive feedback concerning our paper. We now provide additional information concerning intervals between initial myocardial infarction and diagnosis of the ventricular aneurysm and time spans between the cerebral event and cardiac surgery. We apologize for the fact that the video could not be opened. The video will be uploaded again, MRI images are provided together with a cardiac MRI video, chest X-rays and intraoperative photos.
Reviewer #2: Minor Essential Revisions. An article of importance in its field

Although there are many publications on this subject, I think the originality is in the clinical presentation - ischemic stroke. The authors did not take this form of presentation so rare, since the title, summary and ending at the conclusion. Although this is a manuscript submitted to a journal of cardiothoracic surgery, is designed only for the success of the surgery. For cardiologist or neurologist is very important to remember that sometimes a stroke may be the first manifestation of acute coronary syndrome /ventricular aneurysm, even in a patient with a history of cardiovascular disease in the past but without angina.

The authors could write about cardiovascular risk factors to achieve a good clinical history, which can help make a diagnosis more quickly.

There is a contradiction in the abstract and the case report about the age of the patient (57 y/o or 56 y/o?).

In relation to the keywords, the authors could replace the word “aneurysm” (since it already exists “giant left ventricular aneurysm”) per stroke.

The paragraph “In the ER the patient was awake and oriented times three”, in the case report it’s not clear.

In regards to the catheterization it is somewhat vague and does not mention where the stenosis at the right coronary artery was.

The phrase ".... with only minor residues" at the end of case report it would sound better with the word "damages or squeals".

As for the discussion and conclusion, I think that is well supported by dates, but only refers to ventricular giant aneurysm and mitral regurgitation. The authors do not mention dates back support of the clinical presentation.

The writing in English seems to be acceptable, as well as the figures and the movie.

Figure 3 (only the title) is unclear and figure legends are extensive.

In the conclusion, it should be mentioned how much time has passed since the surgery, and how is the patient at the present time.

We thank the author for the positive feedback concerning our paper. It indeed was our intention to remind all specialities of medicine – not just the field of cardiothoracic surgery – of the importance of reflecting the
various ways a ventricular aneurysm may present.

All cardiac risk factors regarding the presented patient have been added. We apologize for the contradiction regarding the patient’s age. Correct data is now provided. Key words have been adapted and the paragraph “In the ER the patient was awake and oriented times three” has been clarified. The cardiac catheterization report is now presented in detail. Both, the phrase "... with only minor residues" at the end of case report and the title of figure 3 has been adapted according to the suggestions of the reviewer.

All dates and intervals regarding the initial cardiac event, neurologic presentation in the emergency department, diagnosis of the giant ventricular aneurysm and final cardiac surgery with ventricular restoration have been added and clarified to give colleagues – not just in the field of cardiothoracic surgery – a perception of a possible time course of aneurysm formation and one of various modes of presentation.

Reviewer #3: Habertheuer et al. report on a "giant lateral left ventricular wall aneurysm preventing mitral insufficiency". Overall the article is written in proper English and well structured. However, according to the journals own guidelines regarding case reports articles should make a contribution to medical knowledge and must have educational value or highlight the need for a change in clinical practice or diagnostic/prognostic approaches. These criteria are not fulfilled. Yes these cases are rare but not unknown and we wouldn't change our clinical practice after reading this report. Furthermore I find the title confusing: it says ... aneurysm preventing mitral insufficiency. In fact the aneurysm doesn't prevent insufficiency but the fact that the subvalvular apparatus was intact in this patient.

We thank the author for the feedback concerning our case report and
accept the criticism. We adapted our title according to the suggestions of the reviewer.