Author's response to reviews

Title: Cardiac Papillary Fibroelastoma: A Retrospect of Four Cases

Authors:

Mi Zhang (markzhmi1985@gmail.com)
Xiaohong Liu (liuxh1986@gmail.com)
Zhigang Song (markzhmi@gmail.com)
Liangjian Zou (zouliangjian1985@gmail.com)
Bo Xiang (cardoxiangbo@gmail.com)

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Author's response to reviews: see over
Dear editors and reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Cardiac Papillary Fibroelastoma: A Retrospect of Four Cases” (Manuscript ID: 1502475728825322). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in under-line in this paper, We use a line-through to indicate that this part has been deleted. The main corrections in the paper and the responds to the reviewer’s comments are as flowing: Responds to the reviewer’s comments:

Reviewer Keqiang Ji:

1) In most cases, tumor mobility is an independent predictor of occurrence of death or nonfatal embolization”. Is it a conclusion based on solid evidence or an experience summarized by author himself?

Response: We cite the conclusion from a previous article by Gowda (Cardiac papillary fibroelastoma: a comprehensive analysis of 725 cases. American heart journal 2003, 146(3):404-410.)
2) The reviewer also demands “Please highlight what the most interesting and constructive is founding in this article.”
Response: We revised the last part of discussion to answer this question. In summary, we suggest vigorous measures and energetic treatment, especially in young patients.

Reviewer Jiao Guoqing:
1) Did the patients have some symptoms in common?
Response: As we wrote in the article “CPFE usually develop on cardiac valves, but many arise anywhere else in the heart. It may present with a great variety of symptoms, especially cardiovascular in nature.” Chest tightness and shortness may be in common. But these symptoms are too subjective and not precise enough for a scientific paper.

2) In the published articles, which valve is more vulnerable? The aortic valve or mitral valve?
Response: According the article written by Gowda, the most commonly involved valve was the aortic valve, followed by the mitral valve. However, for word limit, we cannot afford a complete epidemic study in this case report.

3) Please give your explicit advice on a left-sided, observation or a more aggressive management?
Response: As we suggested above, patients especially the young may benefit from a more vigorous measures.

Reviewer Liao Chongxian:
1) The author represented a patient who is believed to suffer from a congenital CPFE. So, compared with the cases that included infant before, what is the major founding in this article?
Response: We found a congenital CPFE reported by Anderson (Congenital papillary tumor of the tricuspid valve. An unusual cause of right ventricular outflow obstruction in a neonate with trisomy E. Mayo Clinic proceedings Mayo Clinic 1977, 52(10):665-669.) The patient had a trisomy E syndrome. Congenital heart disease including a ventricular septal defect, a bicuspid aortic valve existed. The tumor is probably related to the more sessile varieties of congenital valvular dysplasia. But in our case, the structure of heart is normal. The cause of disease is more mysterious.

2) I wonder the prognosis of the 4 patients, especially the neonate.
Is there a possibility now to evaluate the clinical efficacy of your tumor resection that is along with a valve replacement?
Response: So far as the last physical examination, no tumor
recurrence or mechanical valve dysfunction has been reported in any of the 4 patients. As we told in this paper, all the operation was performed with evident indication. To evaluate the benefit of a surgical treatment, a regular examination is absolutely necessary. Considering the interest of our hospital, please contact us about any details in their medical prognosis in private.

Reviewer Jianhai Li:
1) This reviewer has also focused on the relationship between tumor mobility and patients’ prognosis.

Response: We cite the conclusion from a previous article by Gowda (Cardiac papillary fibroelastoma: a comprehensive analysis of 725 cases. *American heart journal* 2003, 146(3):404-410.)

At last, we are very sorry for any inconvenience caused by our incorrect writing.

We appreciate the sincere recommendation from all of the 4 reviewers. We tried our best to improve the manuscript and made some changes in the manuscript. (Line 121-133). We added the comparison between our suggestion and the current treatment strategy proposed by Sun (Clinical and echocardiographic

These changes will not influence the content and framework of the paper. And here we list the changes and marked in under-line or line-through. We hope that the correction will meet with approval.