Author's response to reviews

Title: Case report: Missed case of sinus venosus atrial septal defect post coronary artery bypass grafting

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Author's response to reviews:

To: The Journal of Cardiothoracic Surgery Editorial Team

Re: Journal of Cardiothoracic Surgery MS: 1224114049114275

Case report: Missed case of sinus venosus atrial septal defect post coronary artery bypass grafting

Sudeep Sudeep Das De, Winn Maung and Sriram Shankar

Dear Sir/Madam,

We are respectfully resubmitting our article entitled:

“Case report: Missed case of sinus venosus atrial septal defect post coronary artery bypass grafting” for hopeful publication in the Journal of Cardiothoracic Surgery. We are grateful to the reviewers for their editorial efforts and thoughtful suggestions. A number of changes have been incorporated into this revised manuscript in response to the reviewers’ comments. Specifically:

Reviewer 1
Comment:

Thank you for asking me to review this manuscript - certainly this is a very unusual and interesting case! This case report clearly delineates the utility of routine TOE during CABG as well as the increasing role of cardiac MRI as an imaging modality.

Authors’ reply:

We are grateful for your comments

Reviewer 2

Comment:

I really do not think the problem here is a surgical one but a failure to adequately manage this patient pre- and peri-operatively

Authors’ Reply:

We agree that the problem is not a surgical one and have highlighted the fact that there has to be a high index of suspicion when the patient has clinical features which are not consistent with the initial pathology i.e in this case features of right sided heart failure following revascularization of an anterolateral MI.

In this context, an MRI scan was done to evaluate the right heart failure.
Comment:

This report does not convince me that routine TEE would have prevented the situation described in this report. The focus of discussion should be on SVD and not at all on ASD.

Reference 3 is not relevant.

Authors’ Reply:

We agree that routine TEE may not have prevented the situation and that the clinician has to be looking for a diagnosis of SVD. We recommended routine TEE as it still has a higher sensitivity for detecting SVDs compared to TTEs. In the context of surgery, any unexplained dilatation of the right heart should prompt the question of a possible left to right shunt at the atrial level including SVD.

Comment:

The MRI image is not particularly good at demonstrating the SVD.

The surgical procedure is described twice on page 4. Pre-op LVEF had been 12% but post-op, it was 30%. No explanation is provided as to why reduction of left to right shunt would improve LVEF.

This is a case of failure to fully evaluate a patient with post-operative complications.

Authors’ Reply:

With regards to the MRI image, unfortunately we do not have a better image in our records. We have described the surgical procedure once on page 4. We have explained that the likely reason that the LVEF improved after reducing the
left to right shunt can be attributed to the fact that more blood would flow into the left ventricle from the left atrium and thus increase the LV preload and LVEF. With the left to right shunt at the atrial level previously, more blood from the left atrium would be flowing to right side of the heart and not to the left ventricle.

Thank you again for your time and editorial efforts. Please contact us with any additional questions or concerns.

Respectfully submitted,

Sudeep Das De