Author's response to reviews

Title: Single Ventricle with Persistent Truncus Arteriosus: A Case Report of Two Rare Entities in an Adult Patient

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The JMCR Editorial Team

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Dear JMCR Editorial Team:

Attached is our revised manuscript: 'Single Ventricle with Persistent Truncus Arteriosus: A Case Report of Two Rare Entities in an Adult Patient.'

I believe that we have successfully addressed the queries and suggestions made by your reviewers.

One reviewer had only a few minor suggestions. On page 8, paragraph 3 we commented on the unusual occurrence of pulmonary hypoplasia in truncus type 1. Unfortunately measurements of the pulmonary arteries were not reported in the autopsy. Data regarding histologic analysis of the lungs was added at the end of the 1st paragraph, page 5. The characteristics of the single ventricle were added at the top of this same paragraph on page 5. The aortic portion of the truncus arched to the left, and this was also added to this same paragraph. Finally, a statement that no chromosome studies were done for this patient at any point in his life was added at the end of the 1st paragraph of the case presentation on page 2.

The other reviewer had an extensive commentary, much of which was appropriate to address, but in some respects would have demanded a much longer paper to comment upon completely.

This reviewer felt that the 1st paragraph was too staccato in places and wordy in others. This paragraph has been revised to read better. As noted in the comments to the 1st reviewer, chromosome analysis had never been done. We added at statement at the end of the 1st paragraph stating that the patient had no children.

The patient’s ECG has been added, the findings described in the text on page 4, and the figure legend added on page 13.

A legend has been added to the figure 2 (echo), page 14.
No post-mortem photography was performed and the questions regarding cardiac and non-cardiac anatomy by the 2nd reviewer are speculative and cannot be answered at this point in time.

The 4th and longest paragraph by the 2nd reviewer asked us to comment on the relevance of pulmonary artery hypoplasia on the patient’s survival, which we have done on page 8, last paragraph. We have also added a comment regarding the role of full dose anticoagulation at the top of page 9. Many of the remainder of his comments in this paragraph as well as in the following two he examines (as he admits) with a retrospectoscope and really cannot be addressed definitively in this paper. Speculating on what this patient’s outcomes may have been if management was different is not appropriate in this case report. We did add a comment regarding potential alternate approaches to antiarhythmic management in patients such as this in the 1st paragraph on page 9, but the approach to rhythm management for this patient had been chosen years previously by other sets of physicians, so we are limited in our ability to comment on this decision-making. Review #1 did not indicate a need to elaborate upon these areas in the setting of a case report.

Overall our paper is relatively lengthy for a case report, and adding extensive discussion of potential alternate avenues of management would greatly elongate the manuscript, and would perhaps be best suited to a textbook chapter or specific review article. In addition it appears that this review has specific opinions on management and intervention, which may not be shared by all readers of the report (and which were not mentioned at all by the 1st reviewer).

In the last paragraph of the 2nd reviewer’s commentary he asks if this patient had interrupted arch or severe coarctation, which he did not.

In the conclusion of his commentary he suggested a comment on “the move away from venesection…” which is clearly beyond the scope of a case report. We did not have data regarding iron deficiency in this patient.

IN CONCLUSION: I believe that we have successfully addressed all of the points raised by reviewer #1 and all of the relevant points of reviewer #2. Many of review #2’s questions and comments are speculative and are best suited for a review of potential management techniques for complex congenital heart disease, and are beyond the scope of a case report. This paper presents a unique, interesting, and instructive clinical situation where definitive approaches to therapy were not available at the time (and which may not be well established even now). We believe that the readers of the journal will be stimulated by our report, and will have ample material for further intellectual consideration from the material presented.

If we may provide additional material or answer specific questions, please let us know.

We hope that you will find our revised manuscript suitable for publication.
Sincerely yours,

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