Author's response to reviews

Title: Use of Activated Factor VII in Mitral Balloon Valvuloplasty Complicated by Hemopericardium.

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Author's response to reviews: see over
October 17, 2013

Prof. Michael Kidd, Editor-in-Chief

Please find attached our revised manuscript entitled “Use of Activated Factor VII in Mitral Balloon Valvuloplasty Complicated by Hemopericardium.” by Steele and collaborators, which we would like to submit for publication in Journal of Medical Case Reports. We have examined the reviewer’s comments to the manuscript and have tried to address each point raised each Reviewer.

The first reviewer (Walter Knirsch) requested the details of the percutaneous mitral balloon valvuloplasty. Left atrium was accessed through transeptal puncture. We used 26mm Inoue-Balloon Catheter. We included these details in the text of the manuscript (Page 4, line 6-8.)

It is hard to define the site of bleeding without operative intervention. Therefore, as per your recommendations we pointed out “unknown” location of bleeding likely on the left side of the heart. (Page 4, line 19-20)

We also indicated that patient had normal coagulation profile prior to the procedure (Page 3, line 20) and he was not on any anticoagulant agents (Page 3, line 17).

We also replaced word surgical to percutaneous describing balloon valvuloplasty as a procedure (Page 2, line 1).

Wilkins score is an echocardiographic score used to determine suitability of the mitral valve structure for percutaneous mitral balloon valvuloplasty. I think describing the score is beyond the scope of our manuscript. We provided the reference as it was recommended by the reviewer (Page 9, line 1-3)

Spelling of word “transseptal” was corrected (page 4, line 7).

According to echocardiographic findings and history of rheumatic fever in the past, our subject probably had rheumatic valve, which we indicated in the manuscript (page 4, line 2). Unfortunately, due to the rarity of these events, there is no available literature studying correlation between type of mitral valve pathology and incidence of mediastinal bleeding.

We do not autotransfuse pericardial drainage fluid, as it is not our routine practice. We also didn’t check for hemoglobin in pericardial effusion. Platelets were transfused empirically, despite the fact that patient was not on any antiplatelet agents prior to procedure. We assumed presence of platelet dysfunction, without any testing of platelet function.

Each single donor platelets is equivalent to 5-6 units of platelets. We administered two single donor platelets to the patient.
The second reviewer had no comments.

We hope that these changes will make our manuscript suitable for publication in your journal.

Sincerely,

Iosif Gulkarov, MD