Reviewer's report

Title: Midapical Obstructive Hypertrophic Cardiomyopathy treated with Transapical Myectomy: a case report

Version: 1
Date: 28 May 2014

Reviewer: Benedetta Tomberli

Which of the following best describes what type of case report this is?: Other

If other, please specify:
management of intraventricular obstruction in hypertrophic cardiomyopathy

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

In this paper, Scudeler et al report a case of midventricular obstructive hypertrophic cardiomyopathy treated with surgery for relieve of symptoms.

General comments:
The case presented is nicely depicted. However, in my opinion, some important information are missing.

Does the patient have a restrictive filling pattern?
Did the authors require a genetic test to ascertain the diagnosis? They stated that the hypertrophy was only mild and concentric in 2009 and then was present and moderate after only one year, and was also associated with apical aneurysm. This feature are unusual for HCM, a condition in which the phenotype usually develops over many years.

The surgery procedure described is rarely performed because of its technical difficulty. Adverse remodeling of the left ventricle tends to develop after time, and may cause left ventricular dysfunction with worsening of symptoms and functional status. It would be interesting to know how many years/months of follow up they have on this patient.

Some comorbidity such as obesity and hypertension may influence the phenotype expression of a genetic-determined cardiomyopathy. Do the authors think that the patient’s comorbidity described may have affected the cardiac morphology and function?

Did the patient undergo transeophageal echocardiography and cardiopulmonary test before surgery?

Which medical treatment did the authors try before surgery?

Did they consider an ICD for this patient with a high-risk subtype of HCM? If not, why?

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited