Reviewer's report

Title: One case of pregnancy with complete endocardial cushion defects

Version: 1 Date: 27 November 2013

Reviewer: Matthias Greutmann

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: No

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?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

In this case report the authors describe the case of a 20-year old patient with trisomy 21 and unrepaired complete atrioventricular septal defect complicated by severe pulmonary hypertension, who died after delivery.

Although some details of this case (i.e. that a patient with trisomy 21 and Eisenmenger syndrome becomes pregnant) are interesting, I have some major concerns about this manuscript.

It is common knowledge that patients with severe pulmonary hypertension / Eisenmenger syndrome have a high mortality risk during pregnancy. This is well reported and meanwhile textbook knowledge. What is special about this case? It is certainly not the first case of a patient with Eisenmenger-syndrome due to an atrioventricular septal defect who died after delivery.
The case is not well presented: The main characteristic of this patient regarding pregnancy risk is not the atrioventricular septal defect by itself but the fact that the patient had severe pulmonary hypertension! Did the patient have Eisenmenger-syndrome (shunt-reversal with cyanosis, or ‘just’ severe pulmonary hypertension but not yet shunt-reversal). Did you try treatment with pulmonary vasodilators (sildenafil, etc.), how long after delivery and under what circumstances died the patient? The case should be presented in much more detail but the details about surgical repair of infants with AVSD can be omitted as it is not important for this case.

The manuscript needs to be reviewed by a cardiologist familiar with congenital heart disease.

It is an interesting fact that a patient with trisomy 21 and severe pulmonary hypertension becomes pregnant. This is extremely rare in developed countries as contraception is usually discussed with patients and parents and an appropriate form of contraception is offered. This may be an interesting issue to focus on.

The following statement is interesting: ‘Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.’ How did you get written informed consent from a mentally retarded patient with trisomy 21 who died immediately after delivery?

The list of references is completely inadequate.

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

**Declaration of competing interests:**

No competing interests