Author's response to reviews

Title: Forme fruste of isolated right ventricular endomyocardial fibrosis: a case report

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Author's response to reviews: see over
Response to Reviewer: Mohd Rizal Moh Zain

We thank the reviewer for his comments.

1. (Page 4 2nd paragraph).

   I feel this description of the results would be improved if you revealed the result of eosinophil components (actual results or percentage). It is because many literature and previous case reports highlighted the association with eosinophilia. Eventhough some found that the eosinophil was normal. In fact the disease also known as Idiopathic hypereosinophilic syndrome and eosinophilia also is the most cited aetiologic link.

Response to the Reviewer: We have added the requested information about eosinophilia.

2. (Page 4, 3rd paragraph).

   "Approximately 55% of patients diagnosed with endomyocardial fibrosis have biventricular involvement and 17% have left-sided disease. The prevalence of isolated right ventricular endomyocardial fibrosis is 28%." I think it is good if you can enclosed the reference for this data.

Response to the Reviewer: The reference is reference #1 and it is listed at the end of the paragraph.

3. (Page 5, 1st paragraph)

   I think you have put the references (5) & (6) wrongly. (6) should be at (5) and (5) should be at (6).

Response to the Reviewer: The references are correctly identified in the text and in the reference section of the manuscript. Reference #5 is related to the histopathology of the disease and is correctly cited in the text (page 4, first paragraph of the discussion). Reference #6 is related to the MRI findings of the disease and is correctly cited in the text (page 5, first paragraph). Reference #5 is cited again at the end of paragraph one on page 5 to emphasize a statement about histopathology.

4. (page 5, conclusion paragraph)

   Regarding to your statement; "Echocardiography and cardiac MRI are complementary in the diagnosis of endomyocardial fibrosis"

   I personally think echocardiography is a essential tool for diagnosis not a complimentary.
And even though MRI is a complimentary, it is an important and powerful tool in addition to existing non-invasive diagnostic tools. Quite number of articles mentioned the usefulness of MRI for this particular condition.

Undoubtedly, HPE is essential for final diagnosis but it only can be performed after you removed the lesion.

_Response to the Reviewer:_ We completely agree with the comments. We are using “complementary” as in acting as or forming a satisfactory or balanced whole. We have modified the statement to improve readability.

**Response to Reviewer:** Laszlo Kiraly

We thank the reviewer for his comments.

1. I recommend to add pictures of the cardiac magnetic resonance imaging that depict the RV apical mass in relation to the myocardium

_Response to the Reviewer:_ We have added a video file containing a cine cardiac magnetic resonance image. We have added an appropriate legend to accompany the image.

2. The authors are recommended to explain how general comments “Cardiac MRI allows further characterization of ventricular hypertrophy, subendocardial fibrosis, apical obliteration, and mural thrombosis” and “Histopathology consistently describes a thickened endocardium with elastic fibers and dense collagen, non-specific inflammatory cells, and a layer of arterioles, small veins and capillaries” relate to the findings in this case. These specificities are now missing from ‘Case presentation’ section.

_Response to the Reviewer:_ We have modified and clarified the paragraph to improve readability.

3. Figure 1 is an intraoperative photograph that is taken from an unusual angle, i.e. from the viewpoint of the assistant. The figure shows the opened RV whereas legend talks about the tricuspid valve that is not pictured. Change of legend and addition of orientating markers are recommended.

_Response to the Reviewer:_ We have modified the legend to the figure. We have added arrows pointing to the lobulated mass found intraoperatively.