Author's response to reviews

**Title:** Arrhythmogenic substrate at interventricular septum as a target site for radiofrequency catheter ablation of recurrent ventricular tachycardia in left dominant arrhythmogenic cardiomyopathy

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**Version:** 3  
**Date:** 10 February 2015

**Author's response to reviews:** see over
Re: MS: 2018065555151183

February 10, 2015

Professor Timothy Shipley.

Executive Editor

Thank you for the opportunity to resubmit the manuscript entitled "Arrhythmogenic substrate at interventricular septum as a target site for radiofrequency catheter ablation of recurrent ventricular tachycardia in left dominant arrhythmogenic cardiomyopathy".

We are grateful for valuable comments. We revised the manuscript accordingly and we believe that the modified version addresses all the suggestions and criticisms raised by reviewers.

Please find attached the revised manuscript as well as point-by-point response to reviewers:

In anticipation, thank you very much for assessing our work.

Yours sincerely,

Stepan Havranek
Response to reviewer #1

Reviewer's report

Title: Arrhythmogenic substrate at interventricular septum as a target site for radiofrequency catheter ablation of recurrent ventricular tachycardia in left dominant arrhythmogenic cardiomyopathy

Version: 2 Date: 9 January 2015

Reviewer: Decebal Gabriel Gabriel Latcu

Reviewer's report:
Minor Essential Revisions:

Comment:
-were betablockers or class III antiarrhythmic drugs tried before indicating catheter ablation of recurrent VT?
Response:
Class I or III antiarrhythmic drugs were not given prior/after the ablation. Patient used betablocker and ACE inhibitor as a treatment of heart failure (bisoprolol 2.5 mg and trandolapril 4 mg daily) before as well as after the catheter ablation. This information was added to the text.

Comment:
-page 4 line 8: was the procedure performed under local or general anesthesia?
Response:
Local anesthesia at the vascular access sites and mild conscious sedation was used during the procedure. The text was modified accordingly.

Comment:
-page 4 line 11: "substrate-based mapping" should be replaced by "substrate mapping in SR"
Response:
The text was modified accordingly.

Comment:
-page 5 line 12: "The ablation of potential critical isthmuses for LBBB VTs" is inappropriate in the absence of activation mapping; authors should consider rephrasing and explaining that they performed substrate-based ablation at the right side of the IVS.
Response:
We agree with your comment. The primary text was confusing and was rephrased.

Comment:
-page 5 line 24: what was the dosage of bisoprolol? did the patient have any other concomitant medication? what became his LVEF over time?
Response:
He was discharged on identical dosage of chronic medication. There was not any concomitant medication except the acetylsalicylic acid 100 mg daily for 6 weeks after
the ablation. His LVEF remained stable according to regular echo examinations. The text was modified accordingly.

Comment:
- can the authors describe the unipolar voltage mapping of the LV? with respect to the CMR findings, an epicardial voltage map would also have been very interesting.
Response:
We agree that unipolar voltage mapping is important to display non-transmural and/or epicardially localized scar. The unipolar map (with the setting of ~ 3–8 mV) was inspected during the procedure. All endocardial voltages were > 8 mV. Further adjustment of colour-coded scale did not help to differentiate more or less diseased LV regions, likely because of rather uniform density and thickness of epicardial scar. Unfortunately, the CARTO datafiles from this study were completely lost because of system failure. That is why we cannot provide any supplementary electroanatomic maps except those that were already included in the previous version of the manuscript. Epicardial mapping/ablation was not performed because we were able to target all VTs from the endocardial surface. We agree that any future manifestation of VT with critical isthmus located far from the interventricular septum would definitely require an epicardial access.

Comment:
- page 8 line 4: this sentence needs to be clarified, it makes no sense to me: "The mapping could have been facilitated by pacing from LV but this was not done in this case."
Response:
It is plausible to speculate that late potentials or LAVA electrograms on the right side of interventricular septum could be unmasked by pacing from the left ventricle. The sentence was rephrased in order to make it more comprehensible.

Comment:
- Conclusion: The sentence "Multimodal imaging techniques were essential for the diagnosis and treatment." is not necessary.
Response:
We agree. The sentence was deleted.

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published.
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests.
Response: The manuscript was proof-read by native speaker experienced in the field of medical English.
Response to reviewer #2

Reviewer's report

**Title**: Arrhythmogenic substrate at interventricular septum as a target site for radiofrequency catheter ablation of recurrent ventricular tachycardia in left dominant arrhythmogenic cardiomyopathy

**Version**: 2  **Date**: 3 January 2015

**Reviewer**: Surendra K Chutani

**Reviewer's report:**
1. Well managed case and well described events.
2. No revisions necessary

**Level of interest**: An article of outstanding merit and interest in its field

**Quality of written English**: Acceptable

**Statistical review**: No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests**: No competing interest

**Response**: Not required