Author’s response to reviews

Title: The Sphinx’s Riddle: Cardiovascular Involvement in Autoimmune Rheumatic Disease

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Version: 1 Date: 11 Aug 2016

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Response to Reviewers’ comments

We are grateful to reviewers for their valuable comments. Please find below highlighted the response to reviewers’ comments.

Reviewer #1: This is a very succinct review on the assessment of ARD by cardiovascular imaging

We are grateful to reviewer 1 for the very constructive comments that allow us to ameliorate the quality of our paper.


A comment about longitudinal deformation on the assessment of subclinical LV dysfunction and monitoring the effects of anti-inflammatory treatment on LV function in ARD patients particularly when CAD coexists and the relevant references were added Pg 7, first para

Similarly the authors should mention the value of the assessment of coronary flow reserve by Doppler echocardiography (simple non in in ARD patients to assess coronary microcirculatory dysfunction in section discussing about the value of stress echocardiography (J Am Soc Echocardiogr. 2016 Feb;29(2):173-80, Arthritis Rheum. 2007Jun;56(6):1904-9.)

A comment about coronary flow reserve by Doppler echocardiography with the relevant references was added in Pg 7, second para
Reviewer #2: This is a very well written review article summarizing the main challenges in the management of cardiac involvement in patients suffering from autoimmune rheumatic disorders. The review is clearly focussed and well structured and entails all the relevant literature in the field. The complex and heterogeneous clinical scenarios are summarized in high quality, in both from the scientific and didactic point of view.

The certain needs for the improvement of clinical management, especially in the interplay between rheumatologists, cardiologists and radiologists, are clearly pointed out and the impact of novel imaging modalities is discussed adequately. Referring to greek mythology enflames the topic excellently and depicts the problem for the reader in a very enjoyable.

The reviewer would like to compliments the authors on this review paper.

There is only one suggestion: May be the authors could add a figure/schema illustrating the complexity of the different scenarios of CVD in ARD.

We are grateful to reviewer 2 for the kind comments about our work.

A schematic expression of various clinical scenarios of CVD in ARD was presented in Table 1, Pg 20