Author’s response to reviews

Title: Endomyocardial biopsy guided by intracardiac echocardiography as a key step in intracardiac mass diagnosis. A case report series.

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Response to Reviewers

We appreciate the comments and suggestions of the Reviewers to improve the clarity and the completeness of this manuscript.

We revised the paper, according to the comments of the Reviewers. The itemized responses are listed below. For easy tracking, all changes in the manuscript were highlighted in yellow.
Reviewer #1

Comment 1

Although ICE definitely has merit in a variety of settings, it also has limitations. You have to declare the limitation, complication, costs, technical and feasibility issues of ICE. It should include periprocedural vessel or cardiac chamber damage, arrhythmogenic, thrombogenic risk, limitation of far field imaging, and limited manuevrability, etc. The limited use in left-side intracardiac mass is not described as well.

We thank the Reviewer for this important comment. In accordance with the suggestion, we have modified the Discussion and Conclusions Section (page 7) as follows: “Of note, there are some drawbacks related to the use of ICE, such as the need for a venous approach, the right chamber catheterization, some technical aspects (far filed imaging), and the probe cost [6]”.

For the visualization of the left chambers, the ICE probe is always positioned in the right atrium. Thus, the increased risk is associated with left catheterization of the bioptome.

Comment 2

Page 2, Line 29-37, Abstract, Conclusion. Please focus on the role of ICE guided EMB in conclusion session. The sentence, 'Intracardiac echocardiography is a well-established tool that allows physicians to increase the safety and efficacy of complex cardiac arrhythmia procedures. In addition, diagnoses of different cardiomyopathies rely on the histopathological diagnosis and endomyocardial biopsy is a widely used technique to achieve it.' is duplicated with background and is not needed in the conclusion.

We thank the Reviewer for the suggestion. In accordance with the Reviewer’s comments, we have modified the Abstract-Conclusion Section (page 2) as follows: “The diagnosis of both metastatic and primary cardiac tumors relies on the histopathological analyses. The endomyocardial biopsy is a valuable tool for preoperative diagnosis and surgical planning of intracardiac masses suspected for tumors. In our experience, the use of ICE for right ventricle EMB of an intracardiac mass is an attractive modality thanks to the precise localization of the cardiac structures and the ability to guide bioptic withdrawal in the target area”.

Comment 3

For the cases, please unify it in one way:

A 65-year-old woman (O)
A 77-years old male (X) -> A 77 years old male or A 77-year-old male

We apologize with the Reviewer for the mistakes. We have modified the text (pages 4 and 5).

Comment 4
Page 6, Line 9
A 77-years old male with a previous of diabetes, myocardial infarction
-> A 77-year-old male with a previous history of diabetes, myocardial infarction or A 77-year-old male with diabetes, myocardial infarction

We apologize with the Reviewer for the mistake. We have modified the text (page 5).

Comment 5
Page 6, Line 47
DLBCL -> diffuse large B cell lymphoma

We apologize with the Reviewer for the mistake. We have modified the text (page 5).

Reviewer #2
Comment 1


We thank the Reviewer for the suggestion. In accordance with the Reviewer’s comment, we have added the two references.
Comment 2

The manuscript can be considered for publication upon careful language editing by a native English speaker.

To address Reviewer’s comment, we have thoroughly revised the language of our manuscript.