Author’s response to reviews

Title: Case Presentation: Implantation of Cardiac Resynchronization Therapy Pacemaker via the Coronary Sinus in a Patient with Triple Valve Replacement

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Version: 3 Date: 06 Feb 2018

Author’s response to reviews:

Dear editor,

We really thanks for your efforts to improve our paper. We have done significant revision according to your suggestion and included a cover letter with a point-by-point response to your comments.

Point-by point response:

Suggestion: In the title, "triple valves replacement" should be corrected in "triple valve replacement".

Answer: Dear editor, we have corrected it into “triple valve replacement”.

Suggestion: In the abstract, the statement "the patient of pacemaker dependency did not present any deteriorations of heart function with good pacing parameters" has no meaning. Please reword it, for example in "no deterioration of heart function was documented and pacing parameters remained good".
Answer: Dear editor, we have reworded it into “no deterioration of heart function was documented and pacing parameters remained good”.

Suggestion: In the Introduction, "unsatisfied pacing parameters" should be reworded in "unsatisfying pacing parameters".

Answer: In the Introduction, the "unsatisfied pacing parameters" has been reworded in "unsatisfying pacing parameters".

Suggestion: When written in the text, "heart valvular disease" should be reworded in "valvular heart disease".

Answer: In the text, "heart valvular disease" have been reworded in "valvular heart disease".

Suggestion: As my last consideration, I think the paper should be significantly improved with a brief part of the discussion regarding the periprocedural bleeding risk. For instance, the implantation procedure was performed with INR 2.42, under ACT 250-300 s, with the use of electrocautery. Did the patient experience any bleeding complication? Was a compression bandage performed? Is there any information regarding the INR in the subsequent 48 hours? See for reference Malagù M et al. Frequency of "Pocket" Hematoma in Patients Receiving Vitamin K Antagonist and Antiplatelet Therapy at the Time of Pacemaker of Cardioverter Defibrillator Implantation (from the POCKET Study). Am J Cardiol 2017.

Answer: Dear editor, sincerely thank you for your experienced suggestion. In the manuscript, we have added one sentence regarding the bleeding complication, usage of compression bandage and INR in the subsequent 48 hours. We supplemented as follow:“After the operation, the compression of pacemaker pocket with elastic bandage was immediately performed and removed after 48 hours, no pocket hematoma and other bleedings was found, the PT-INR was measured of 2.28s 24 hours later.” In the discussion part, we have cited the valuable article carried out by Malagù M et al, we added “In this patients, due to a relatively higher thrombotic risk associated with triple mechanical valve replacement, the oral anticoagulant therapy of warfarin was not interrupted and a bridging therapy with low-molecular-weight heparin (LMWH) was not initiated. Though this protocol was some different from the standard anticoagulation protocol at the time of pacemaker implantation, which required stopping oral anticoagulation therapy and initiating a bridging therapy with subcutaneous LMWH, no pocket hematoma and thromboembolic events was found in this patient. Our observation further confirmed the safety of anticoagulation protocol proposed by the POCKET study.”

Thanks sincerely,

Jia-feng.