Reviewer’s report

Title: A case of hypertrophic cardiomyopathy combined with muscular ventricular septal defect and abnormal origin of right coronary artery

Version: 1 Date: 25 Jul 2018

Reviewer: Michiyo Yamano

Reviewer's report:

Authors reported an adult patient with hypertrophic cardiomyopathy (HCM) accompanying both muscular type ventricular septal defect (VSD) and aberrant origin of the right coronary artery from the left sinus of Valsalva.

We could observe the origin of right coronary from left sinus of Valsalva clearly on 2-D echocardiogram same as CT image.

Major comments:

1. I have a question. Some authors have reported that left ventricular crypts (clefts) were often observed in HCM patients. [Reference 1, 2] Crypts were defined as narrow and deep blood-filled invaginations contiguous with the left ventricular cavity extending ≥ 50% of wall thickness. What is the difference of the crypt and incomplete spontaneous closure of muscular VSD that you have reported? Or, is your case classified into myocardial crypt which has an extremely deep cavity?

2. On Movie 1, systolic anterior motion of mitral valve or chordae without septal contact was observed. Was the left ventricular outflow tract obstruction provoked under Valsalva maneuver, sitting, or standing position, because the present patient complained of chest pain?

Minor comments:

1. In the explanation of Figure 1, you've used the expression 'the left ventricle anterior lateral wall leads' or 'on the leads of left ventricle anterior lateral wall', but it may be better, 'on the leads of left ventricular anterolateral wall' or other expression.

2. In several places, you've used the expression 'sinus of valsalva', but it may be better to spell 'sinus of Valsalva'.
References


Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Unable to assess

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not suitable for publication unless extensively edited
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