Author's response to reviews

**Title:** Hemodynamic monitoring using a single-use indwelling transesophageal echocardiography probe in an unstable patient after open-heart surgery

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**Author's response to reviews:** see over
To referee 1:

We thank the referee for his thoughtful comments and hope that the following changes will address his comments.

Minor revisions:

1- The title has been modified.

2- Line 61: “without signs of tissue hypoperfusion” has been deleted.

3- Line 122 reads now “remains to be confirmed”.

Major compulsory revisions:

1- At the time of the TEE contrast study, the patient was hemodynamically stable under vasopressor support. This is now stated in the body text of the revised manuscript.

2- Figure 2 legend has been modified and legend has been completed accordingly to precise that this frozen image was recorded at end-expiration when the interatrial pressure gradient resulted in a bulking of the interatrial septum aneurysm towards the left atrium and favors foramen ovale shunting with full opacification of the left atrium. This may partially explain the difference in relative size between both atria in addition to the right atrial dilatation secondary to ARDS (despite the absence of associated cor pulmonale). The presence of blood in the posterior mediastinum cannot be fully ruled out. Nevertheless, if this was the case, it could not have explained the sustained hypoxemia and would not have triggered prompt surgery due to stabilized hemodynamics under steady rates of vasopressors. As stated in the body text, a new TEE assessment was triggered several hours later by a sudden hemodynamic deterioration associated with rapid arrhythmia which was related to a tamponade physiology.

3- We believe that the information provided by the miniaturized TEE probe was sufficient to prompt decompressive surgery. On clinical grounds, since this is the first case of LA hematoma identified with this new device, the attending intensivist decided to confirm the diagnosis with a conventional TEE examination. This is now explained in the manuscript.
To referee 2:

We thank the referee for her comments and hope that the following changes will adequately address her suggestions.

Major revisions:

1- As per the referee’s request, we have softened our conclusion.

2- We have included a sentence reporting known complications attributable to long-term esophageal intubation by the miniaturized TEE probe used in this case report.

Minor revisions:

1- Hemodynamic monitoring was initiated on Day 6. This is now mentioned in our revised manuscript.

2- As per the referee’s suggestion, the name of the manufacturer has been removed from Figure 1.
To the Editor:

We have modified our manuscript according to referees’ suggestions. We hope that the revised version of our manuscript will now be suitable for publication. We are looking forward to hearing from you. Sincerely,

P Vignon, MD, PhD