Author's response to reviews

Title: Surgical management of mitral valve infective endocarditis with annular abscess and calcification in the setting of a leaking mycotic infrarenal abdominal aortic aneurysm: a case report.

Authors:

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Version: 3
Date: 6 July 2014

Author’s response to reviews: see over
Author’s response to reviews

Title: Surgical management of mitral valve infective endocarditis with annular abscess and calcification in the setting of a leaking mycotic infrarenal abdominal aortic aneurysm: a case report.

Authors:
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Version: 2 Date: 3 July 2014

Author’s response to reviews: see over
Reviewer's report

Title: Surgical management of mitral valve infective endocarditis with annular abscess and calcification in the setting of a leaking mycotic infrarenal abdominal aortic aneurysm: a case report.

Version: 2
Date: 13 April 2014
Reviewer: Yasuyuki Bito

Reviewer's report:

This case report would have some important information for a difficult clinical situation. However, several points should be clarified in detail for its publication.

1. For figure 1, please show the arrow in the picture to clarify the lesion, and you should make precise accordance of the alphabet headings between legends and pictures. Moreover, in its legend, the word “CT 3D reconstruction” should be changed to “volume-rendered reconstruction of CT.”

An arrow has been added to indicate the lesion.
Figures are appropriately labelled according to the journal’s instructions.
The wording has been changed as the reviewer indicates.

2. For figure 2, please do not use incorrect term and abbreviations in its legends such as “echo.” In addition, it is difficult to identify the particular structures in each picture. Please indicate cardiac chambers, leaflets, and the vegetation.
Wording changed as the reviewer indicates.
Arrow added indicating leaflet abscess.

3. For figure 3, it would be worthless because it is too small to see.
No higher-quality picture is available.

4. Please describe more about the intra-operative finding and operative procedure, especially for the abdominal aneurysm. You use the word “leaking aneurysm,” though it would be unclear about the actual state of it from your description.
Further information has been added to “initial treatment” indicating the state of the abdominal aorta at time of operation.

5. As you already described in your manuscript, the timing of the operation after the cerebral infarction is controversial. In your discussion, you recommend the early operation after several embolisms. However, you should also mention the risk of intra-operative cerebral hemorrhage at the early operation after cerebral infarction.
Further information has been added to the discussion section.

6. You should also declare clearly each abbreviation at the first appearance in your manuscript for the other words; “MRI,” “CT,” “AAA” and so on.
Abbreviations have been clarified as the reviewer suggests.
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests.
Reviewer's report

**Title:** Surgical management of mitral valve infective endocarditis with annular abscess and calcification in the setting of a leaking mycotic infrarenal abdominal aortic aneurysm: a case report.

**Version:** 2  **Date:** 16 April 2014

**Reviewer:** Toshihiro Kawahira

**Reviewer’s report:**

**General comment:**

I consider this manuscript reports one of the interesting cases about a leaking AAA with a large vegetation and mitral annulus abscess in MAC due to infective endocarditis. Therefore, authors should describe their strategy for treatment logically, especially to avoid immediate sequelae. It is informative for readers to acquire the appropriate tactics against the complex case like this.

How about an endovascular treatment for the leaking AAA first as a damage control therapy?

**Discussion of endovascular repair has been added to the “initial treatment” section.**

**Major Compulsory Revisions:**

1. **Investigation;**
   Clarify more details of Figure1-3.
   **Several arrows have been added to the images to indicate appropriate structures.**
2. **Complications and Subsequent Treatment**
   More follow up information is needed about blood culture, tissue culture of excised mitral valve or vegetation and antibiotic therapy.
   **Further information has been added to the “complications and subsequent treatment” section**

**Minor Essential Revisions:**

1. **Title page:**
   Line 1. Mitral valve should be mitral valve.
   **Spelling/grammar has been changed as the reviewer suggests.**
2. **Abstract**
   Line 5. “bypass graft” Delete graft.
   **Spelling/grammar has been changed as the reviewer suggests.**
3. **Case presentation**
   Line 4. “scratched is arm” should be “scratched his arm” or “on arm”?
   **Spelling/grammar has been changed as the reviewer suggests.**
4. **Initial Treatment;**
   Line 2. Do you mistake “right axillofemoral bypass” for “right axillofemoral bypass”?
   **Spelling/grammar has been changed as the reviewer suggests.**
5. **Discussion**
   P5, line 15. “my mitral regurgitation” should be “by mitral regurgitation”?
   **Spelling/grammar has been changed as the reviewer suggests.**
6. List of abbreviations;
What are CT, MRI and AAA abbreviations for?
Spelling/grammar has been changed as the reviewer suggests.

7. Illustrations and Figures;
Is the order of Figure 1b and 1c disturbed?
Images have been submitted in the appropriate order. Further clarification has been added to images.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Declaration of competing interests:**
I declare that I have no competing interests.
Reviewer's report

Title: Surgical management of mitral valve infective endocarditis with annular abscess and calcification in the setting of a leaking mycotic infrarenal abdominal aortic aneurysm: a case report.

Version: 2 Date: 10 May 2014

Reviewer: Nestoras Papadopoulos

Reviewer’s report:

First of all I would like to congratulate authors for this well written case report and their excellent results following initial surgical treatment of a leaking abdominal aortic aneurysm and subsequent decalcification and patch reconstruction of mitral annulus in a seventy four year old patient presenting with a leaking mycotic infrarenal aortic aneurysm and a perivalvular abscess of a calcified mitral annulus.

Here same points, which my help improving the quality of the manuscript:

1. The abbreviation MAC (mitral annulus calcification) can be avoided, once it doesn’t appear for a second time in the manuscript.
   Spelling/grammar has been changed as the reviewer suggests.

2. Abbreviations such as AAA, CT and MRI must be written out before their first appearance in the manuscript.
   Spelling/grammar has been changed as the reviewer suggests.

3. Please provide some more details regarding canulation, cardioplegia (antegrade, retrograde or both) and blood temperature during extracorporeal circulation.
   Further information about the cardiac surgery has been added.

4. Which surgical access (transeptal, interatrial, roof of left atrium) has been applied for the exposure of the mitral valve.
   Further information about the cardiac surgery has been added.

5. Please provide more details regarding the extension of the mitral annulus calcification (posterior, anterior annulus, circumferential, subvalvular apparatus) as well as the exact description of the annuloplasty ring, which has been used.
   Further information about the cardiac surgery has been added.

6. Can you please provide same echocardiographic data of the postoperative evaluation of the mitral valve (e.g. EOA and transvalvular gradient).
   Further information has been added as the reviewer suggests.

7. In my hand the quality of figure 2b, 2c and 3a is not good enough for publication and should be removed. A magnification of the figure 3b could be helpful.
   Unfortunately no higher-quality images are available.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests