Author's response to reviews

Title: Anomalous origin of the right pulmonary artery from the ascending aorta: results of direct implantation surgical repair in 6 infants

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Version: 2
Date: 22 May 2015

Author's response to reviews: see over
May 20, 2015

Dear Miss Faye Estrera Cauman,

Thank you for your work on our manuscript entitled “Anomalous origin of the right pulmonary artery from the ascending aorta: results of direct implantation surgical repair in 6 infants”.

We received your email and the reviewer’s comments. Based on the discussion of all authors, the below is our point-by-point response to the concerns of Dr Lucio Careddu.

1) in Background section author should improve the pathophysiological characteristics of the AROPA (eurovascular reflexes or humoral vasoactive mediators or both and their effect on lung resistance as already reported in literature)

Answer: We revised the manuscript, and improve the pathophysiological characteristics of pulmonary hypertension.

2) Page 4 line 2 of Operative Techniques, pericardial effusion was observed in the OR or during surgery. Please reformulate the sentence

Answer: We reformulated our manuscript according to the suggestion.

3) Author does not produce data on Right Ventricular pressure at follow-up. Could be interesting introducing this data if the author have it.

Answer: We don’t have the data on right ventricular pressure at follow-up because of no catheterization for these patients at follow-up.

4) Page 7 line 1, sentence is not clear. Is the introduction for the next period, please clarify

Answer: We modified our manuscript to clarify the sentence.

5) Page 8 line 10, Does the author have the incidence of neonatal death in China?

Answer: According to the report of the government of China, the incidence of neonatal death was 6.3‰ in 2013.

6) Due to the limited data on those patients reported in literature a careful follow-up is mandatory for all patients not only for those who present stenosis at FU
Answer: We agree with the Reviewer that follow-up is necessary for all patients, and modified our manuscript according to the Reviewer’s suggestion.

7) List of abbreviation could be transformed in a small table due to the high number of abbreviation reported by the authors

Answer: We transformed the list of abbreviation into a table.

8) NYHA is not clearly adopted for CHD in infants has reported in literature (ex Heart Failure in Children Part I: History, Etiology, and Pathophysiology DaphneT. Hsu Circulation: Heart Failure. 2009; 2: 63-70). Could the authors can introduce the Ross score too for the study population?

Answer: After reviewing the patients’ files, the Ross modified score has been adopted in our manuscript. The content of NYHA is deleted and it will not be applied in our patients.

9) Please do not report data in the text and in tables (Symptoms, PDA...), please do not duplicate data.

Answer: We deleted the duplicated data in the text if it was shown in tables.

10) Figure 1: Could the authors include a antero-posterior VR of the image splitting actual Figure 1 in Figure 1a-b. This could show a more clear view of the AORPA

Answer: A antero-posterior VR has been included in Figure 1a-b for a more clear view of AORPA.

11) Surgical view of the operative field should include a complete view of MPA, Aorta and AORPA in 1 image maybe with an arrow on the AORPA

Answer: Because of the surgical exposure, a complete view of MPA was not pictured. We include an arrow on the AORPA when Aorta and AORPA in 1 image.

We look forward to hearing from you.

Sincerely yours,

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