Author's response to reviews

Title: One stage surgical treatment of aortic valve disease and aortic coarctation with aortic bypass grafting through the diaphragm and aortic valve replacement

Authors:

Zipu Yu (yuzipuleaf@sina.com)
Shengjun Wu (928115034@qq.com)
Chengchen Li (269158070@qq.com)
Yu Zou (2236504826@qq.com)
Liang Ma (maliang99@yahoo.com)

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Author's response to reviews: see over
Dear editors and reviewer:

On behalf of my co-authors, we appreciate editors and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “One stage surgical treatment of aortic valve disease and aortic coarctation with aortic bypass grafting through the diaphragm and aortic valve replacement”. We have studied reviewer’s comments carefully. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have made revision which marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration. The responds to the reviewer’s comments are as following:

Responds to the reviewer’s comments:

Reviewer 2:

1. Response to comment: The title must be changed. The surgical treatment is not for the one stage repair but for the diseases.

Response: We have made correction according to the Reviewer’s comment.

2. Response to comment: It should better discuss the use of to the supraceliac distal aortic anastomosis, It seems to me that the potential complications with adhesions and compressions are far greater with the infra renal distal anastomosis. Are your patients obeses?.

Response: It is really true as Reviewer suggested that we should discuss the use of to the supraceliac distal aortic anastomosis. In order to avoid the risk of the anatomic repair operations, our preferred technique in adults is ascending-to-infrarenal abdominal aorta by-pass grafting.

There are reasons for our choices: (1) completely exposure of surgical field, making anastomosis
and hemostasis easier in comparison with ascending-to-descending aortic bypass. (2) not movement of heart to keep stabilities of hemodynamics. (3) avoiding hazard of spinal cord ischemia due to aortic cross-clamping. (4) The prosthesis is placed with a gentle curve, thereby avoiding graft obstruction. (5) The distal anastomosis is embedded in a retroperitoneal position and covered with peritoneum, which decreases the risk of fistula formation and no other serious complications occurred in patients.

As far as the complications with adhesions and compressions are concerned, they were noticed in outpatient service during a follow-up period. The long-term results for our patients are satisfactory. We did not document adhesions and compressions in any patient which points to the safety of the ascending-to-infrarenal abdominal aorta by-pass grafting. Our patients are not obeses, who have normal weights.

3. Response to comment: You should also discuss the role of aortic coarctation stenting and aortic valve replacement.

Response: Considering the Reviewer’s suggestion, we have discuss the general situation survey of the interventional treatment of CoA, which is in the second paragraph in the part of discussion.

Special thanks to you for your good comments.

Reviewer 1:

1. Response to comment: Revisions for language and up-to-date Literature for our manuscript.

Response: We have made correction according to the Reviewer’s comment and added the up-to-date literature for treatment of CoA.

2. Response to comment: Stating what each author has done.
Response: We have re-written this part according to the Reviewer’s suggestion, which is in the part of Authors' contributions.

3. Response to comment: Discussion comparing this method with the endovascular treatment and also with other types of treatment.

Response: Considering the Reviewer’s suggestion, we have discuss the general situation survey of the interventional treatment of CoA, which is in the second paragraph in the part of discussion.

Special thanks to you for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Zipu Yu, Shengjun Wu, Chengchen Li, Yu Zou, Liang Ma

Corresponding author:

Name: Liang Ma

E-mail: maliang99@yahoo.com