Author’s response to reviews

Title: Minimally Access via Left Anterior Mini-Thoracotomy for Repair of Adult Subarterial Ventricular Septal Defects

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Author’s response to reviews:

Done.

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

Thank you for consideration of our manuscript for publication in your journal. We have carefully and seriously reviewed the manuscript according to your reviewer’s comments.

Reviewer’s report (Reviewer 1)

General
Thank you for providing me with the manuscript to review. In that submission from China, the authors report 27 consecutive patients who underwent minimally invasive subarterial VSD repair. The incisions varied between women (vertical) and men (horizontal).

The paper is straightforward and well written. I have two comments:

1- The authors should describe their inclusion and exclusion criteria. Any anatomic, size, age, associated lesion considerations that would exclude patients from this approach.

λ We have added a section ‘Inclusion and exclusion criteria’ under the ‘Material and Methods’.

λ We also add two subtitle ‘Patient’ and ‘Method’ under the ‘Material and Methods’.

2- The authors should focus their discussion more on this approach and their thoughts about this approach rather than discussing irrelevant publications from others.

λ We add a sentence ‘After positioning the intercostal space, we should incise the skin along the upper edge of the lower rib to avoid the intercostal vessels to decrease hemorrhage’ between the sentence ‘According to the positioning result of preoperative chest CT, the intercostal space nearest to the VSD was considered as the most optimal skin incision access, across where aortic cross-clamping and exposing the VSD could be simultaneously achieved’ and the sentence ‘Anatomically, regardless of the intercostal space chosen as the incision access, the sternal extremity of the third costal cartilage must be divided, without resection, to increase exposure’ in the fifth paragraph of the ‘Discussion’. We mean to remind us to steer clear of important organizations when we use this approach.

λ We add several sentence ‘Most of the steps are the same as the transverse incision except for the process of the third rib cartilage. For the longitudinal incision, the sternal extremity of the third costal cartilage should be divided, fractured, and inverted interiorly to increase exposure, while the third costal cartilage only needs to be divided for the transverse incision. So, for the longitudinal incision, the third costal cartilage should be reconstructed after the VSD being closed’ next to the penultimate paragraph of the ‘Discussion’. We mean to make a distinction between the transverse incision and the longitudinal incision in order to make the approach easier to be understood.
Level of interest: The manuscript will be very interesting for the cardiac surgeons.

Quality of written English: Acceptable

Declaration of competing interests: We declare that we have no competing interests.