Author’s response to reviews

Title: Left atrial thrombus due to transseptal catheterization simulating solid mass of right atrium

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There is very little information provided on the patient’s past medical history other than she had mitral stenosis (MS) treated with PMBV. I presume the MS is from rheumatic disease this would be worth mentioning. In addition, were other comorbidities present that may have affected her predisposition to left atrial thrombus formation such as a hypercoagulable state, residual MS, or atrial fibrillation? Was the patient on anticoagulation? Are there TTE;TEE images available including those prior to this admission which show the presence of a residual shunt from her PMBV or an ASD prior to PMBV (as atrial septal aneurysm (ASA) is closely associated with septal defects)? Are there any images of the left atrium (LA) and was there any additional thrombus present in the LA or appendage?

--> Thank you for the comments, we added that in the manuscript, as your opinions.

Also, why was the length of stay 12 days and is there follow up available on the patient since the procedure?

--> Her family was poor and she had to raise money for hospital expenses. It is not medical problem and we didn’t describe about that.

Overall, this is a unique case of a patient that had a cardioembolic stroke that the authors believe is a late complication of a transseptal puncture for PMBV. While it is certainly plausible that the patient’s presentation is related to a residual interatrial shunt from PMBV. It also possible that the patient was born with an ASA with an atrial septal defect, seen in up to 70% patients with ASA. The defect may have been crossed for the PMBV without transseptal puncture. Therefore,
prior imaging will be important. Also, is there evidence of prior RV dilatation or dysfunction would be helpful.

--> Thank you for your comments, and I totally agree with you. It is a limitation of this report. The patient has not been to the hospital since 1st procedure (PMBV), so there was no study except the post-PMV echocardiography. The study didn’t mention about RV dysfunction or interatrial shunt.

Lastly, there is a typographical error on page 6 line 12.

--> We corrected the spelling.