Reviewer’s report

Title: Surgical Strategies Protecting against Right Ventricular Dilatation following Tetralogy of Fallot Repair

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Reviewer: Robert Dabal

Reviewer's report:

The authors have presented their surgical results in a series of patients with moderate pulmonary valvar hypoplasia in Tetralogy of Fallot.

Overall, the paper is well-written, but I am not sure that there are very many unique findings from the paper.

There are several questions that I have.

First, the authors describe that the patient population has an incidence of TR that is much higher than what has previously been described. It would be helpful if the authors could try to explain why so many of their patients had at least moderate tricuspid regurgitation.

Next, the authors report that they extended the incision through the annulus for a percentage of the patients but they still call this a valve-sparing procedure. If the annulus is divided at all, I don't think this is truly a valve-sparing. The authors need to develop this more in their discussion. Is the description actually that of leaflet sparing TOF repair? Perhaps this would be a better description.

Next, the authors don't mention if this series includes all consecutive patients with a z score between -2 to -3. Were there patients during this time period that met the criteria but had a true transannular patch?

Next, the authors comment that that was a reduction in pulmonary regurgitation from postop to last echo. Since there were a significant number of patients that had an annular incision, it is hard to understand how the pulmonary regurgitation could improve in these patients. It would be helpful if the authors could elaborate on this in the discussion.

Thanks for sharing this interesting series.

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