Reviewer’s report

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

Version: 0 Date: 04 Dec 2017

Reviewer: Paul Kirshbom

Reviewer's report:

This retrospective review of patients who underwent a valve sparing TOF repair is consistent with the many publications in this area in the literature. It supports the general idea, but does not explore the limitations of the technique, specifically, how small a valve is too small and how much residual RVOTO is acceptable? I have a couple of questions for the authors. First, the average age of these patients is over a year and they are nearly 10 kg, and these patients have a PV z-score ranging from -2 to -3, however, only 17% had a prior BT shunt. My question is, how did you manage to get these patients out to a year of age with RVOT gradients in the 80 range without having any of the experience acute hypercyanotic spells requiring emergent procedures? The youngest patient in the group was 8 months old. This seems like a dramatically different patient population than I have seen through my career. Second, did the authors need to perform any pulmonary valve repairs? Or was a simple commissurotomy and infundibular resection enough?

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