Author’s response to reviews

Title: Clinical evaluation of percutaneous and intra-operative device closure of atrial septal defects under transesophageal echocardiographic guidance: one center experience and mid-term follow-up

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Reviewer #1: This is a useful case series describing a common condition. The authors have clearly described the limitations of the study. The standard of English is generally poor but with a complete rewrite, ideally by a native speaker, I am sure the paper can be brought Utopia's an acceptable standard for publication. Giles Peek

Answer: Thank you very much for your appreciation of my research. I also believe that this article can bring benefits to readers. This manuscript has been revised by Linda MCPhee consulting (https://www.lindamcpheeconsulting.com/) which is a professional commercial scientific editing service after your recommendation. All modify were highlighted by red color.

Reviewer #2: The authors reported the comparison of results between percutaneous closure of ASD and TEE guided ASD closure. My comments are below: 1) At page 5, "Although traditional open-heart surgery is safe with excellent outcomes for all types of ASD, CPB, and sternotomy are important factors that might lead to increased postoperative complications." I do not think surgical closure of ASD has many issues related to CPB and sternotomy.

Answer: As a cardiac surgeon, I also gradually switched from traditional mid-thoracic surgery to minimally invasive surgery. All the open atrial septal defect repair operations I have done are very successful. According to reports, the perioperative complications of surgical procedures for atrial septal defect repair have been very low, but there is still some problem about sternal deformity and incision healing in children, including incision scars and aesthetic appearance.
2) At page 7, "a ostium premium defect or venous sinus ASD" These are misspelling. I can see other misspelling through the manuscript.
Answer: This is my mistake and spell mistake. I am so sorry. and this manuscript has been revised by Linda MCPhee consulting (https://www.lindamcpheeconsulting.com/) which is a professional commercial scientific editing service after your comment. All modify included spell mistake were highlighted by red color.

3) At table 2, I am unable to see the meaning of "Procedure successful" Does this mean "no residual shunt"? Again, "successful in one month" was 98% in Group A, and this improved to 100% in three month. The readers will get confused unless these terms are defined clearly.
Answer: "Table successful" not mean "Procedure successful". Table successful just mean the occluder has been implant in ASD seat through sheath, but as the occluder structure particularity or location, so there maybe some shunting pass the device especially the center or edge. We think that the absence of shunt is the success of the procedure, sometime it maybe need one or two months.

4) The authors did not show clear evidence of benefits of TEE guided ASD closure compared with surgical closure. Given that surgical ASD closure is almost 100% successful in many centers, the authors' method has not much beneficial points except for better cosmetic appearance.
Answer: Yes, the surgical ASD closure (IODC closure) is 100% in our centers by our group, and every patients have nice recover. This study not to show that ultrasound-guided ASD closer through transfemoral vein super than IODC. For patients with atrial septal defect greater than 25mm, IODC may be safer and more reliable, but for diameters smaller than 25mm, the rims around defects are better, it can be repaired just guided by ultrasound through the femoral vein alone to avoid radiation and do not require a surgical incision. I have already stated my attitude in the discussion. Perhaps the best surgical approach for such patients. Transfemoral vein or IODC under ultrasound guidance is a good way to solve atrial septal defect, and the best surgical plan is mainly made according to the size and shape of the defect.