Author's response to reviews

**Title:** Multiple Intracardiac Masses: Myxoma, Thrombus or Metastasis: A Case Report

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**Version:** 6  **Date:** 29 April 2015

**Author's response to reviews:** see over
Author's response to reviews

Title: Multiple Intracardiac Masses: Myxoma, Thrombus or Metastasis: A Case Report

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Version: 5 Date: 29 April 2015

Author's response to reviews: see over
Reviewer 1 report

Title: Multiple Intracardiac Masses: Myxoma, Thrombus or Metastasis : A Case Report

Version: 4  Date: 26 March 2015

Reviewer: Katerina Linhartova

Which of the following best describes what type of case report this is?:

An unexpected association between diseases or symptoms

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:
This is an interesting case, that should be published, data on LV function at follow-up should be added.

Following TTE presented adequate LV performance, and no atrial flutter episode happened again.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I have no competing interests
Reviewer 2 report

Title: Multiple Intracardiac Masses: Myxoma, Thrombus or Metastasis : A Case Report

Version: 4 Date: 21 March 2015

Reviewer: Akihiko Ikeda

Which of the following best describes what type of case report this is?:

Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:
The authors performed cardiac MRI, which showed that the cardiac masses did not invade the cardiac walls. Therefore, I think that the preoperative diagnosis did not include metastatic tumors. In addition, if the lung mass was pulmonary embolism, preoperative CT could diagnose it.

The image showed one 6.0 x 2.3 cm lobulated mass bulging out from the lateral wall of the RA along with another two small nodules in the left ventricular apex and anterior aspect of the mitral valve. One RA mass and two LV masses didn’t invade cardiac walls. All masses were near isointense on T1WI and hyperintense on T2WI. We favored a multiple myxoma diagnosis. On enhanced chest computed tomography (CT), a consolidated patch with central necrosis over the lower left lung and enlarged left anterior mediastinal and right paratracheal lymph nodes also was noted. However, no definite lung nodule or mass or pulmonary embolism were detected in Chest CT.

I think that the interesting point of this case was a RA myxoma with LV and LA thrombi, and pulmonary thromboembolism which were resolved by anticoagulation therapy. The differential diagnosis was not uncommon. If the authors hope to accept the manuscript, they should change the concept of the manuscript.

The incidence of multiple intracavitary masses is rare. The differential diagnosis
of intracavitary mass lesions includes benign, malignant primary, secondary metastatic cardiac tumors and thrombus. The most common mass was thrombus.

In our case, the LV thrombi and pulmonary thromboembolism resolved by heparinization.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare no competing interest of this manuscript.