

## ANSWERING REVIEWERS

**ESPS Manuscript NO: 29673**

**Reviewer's code: 00227470**

The author is to be congratulated on the challenging task to describe occurrence and treatment of TGA in Nigeria. I have some comments: - Table II: please report  $\chi^2$  and p-value for the total population. - Patients received ACE-inhibitors; do these work in this black population? Please comment. - What was the outcome for patients not undergoing surgical correction? Where were patients undergoing surgery operated?

**Response:**

Thank you for your comment.

The  $\chi^2$  for the total population is 2.0 and p-value = 0.36. This has been added to table II in the manuscript.

ACE inhibitor still work for Africans. Majority of our patients have been on ACE inhibitors in combination with frusemide as antifailure drugs and not as antihypertensive. The serum sodium lowering capacity of frusemide has a synergistic effect on the ACE inhibitors since it is the high levels of dietary sodium intake that has been shown to be responsible significant portion of the racial differences in BP response at the lower doses of ACE inhibitors. <sup>[1]</sup>

**Reference**

1. JM Flack, GA Mensar, and CM Ferrario. Using angiotensin converting enzyme inhibitors in African-American hypertensives: a new approach to treating hypertension and preventing target-organ damage. Curr Med Res Opin 2000; 16(2): 66-79.

All other patients which did not undergo surgical correction died. More than 90% of the patients died at infancy, a few at about 14months of age. All the patients who had surgery were operated in India. This has been added to the manuscript.

Thank you once again for your comment.

**Reviewer code: 00505382**

The authors evaluated patients with TGA in Nigeria and reported their epidemiologic and clinical results. The paper is well-written and provides an appropriate view about the current situation and future interventions.

**Response:**

Thank you for this comment

**Reviewer code: 00503255**

The authors studied clinical and epidemiologic features of patients with TGA in Nigeria and reported that TGA is common congenital heart disease in Nigeria; palliative and definitive interventions are not available for TGA in Nigeria; and there is an urgent need to establish pediatric cardiac centers in Nigeria. The paper is well-written and provides current status of medical care for TGA in Nigeria. 1. The introduction is too long and has detailed information about TGA that should be described in the discussion. Please revised it.

**Response:**

Thank you for this comment.

The introduction has been revised. Some part of it has been added to the discussion.

Thank you once again.

Dr. B A Animasahun