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Dear Editor.

I appreciate greatly the comments of the peer-reviewers and are providing these point-to-point answers as explanation of the changes of the revised manuscript which I re-submit.

REVIEWER 1

- 1) This is a well-written state of the art paper on a not very-well known technique such as thoracic ultrasound, presented by a recognized expert on this issue. I have just some recommendations to increase the interest of this manuscript for the readership.

R. Thank you.

Too often as always, the reviewer's work is thankless because it is not understood as an attempt to make more appropriate and interesting an article. This is done for the benefit of the editor and of the readers, but the advantage is greater for Authors, and it was a pleasure to follow your indications.

- 2) Some figures will increase the appeal of this paper.

R. Thank you for your comment and request. Yes, I will include some figure that were not present in the first version because I did not consider enough that the Editorials of WJC, differently from other journals, are allowed to include also images and tables. I am still trying to maintain the text as brief and synthetic as it was in the 1st draft.

- 3) I suggest including at least a) a case of consolidation (like atelectasia or neoplasia), b) a case of both pleural and pericardial effusion, c) a case of pneumothorax, d) a figure of a patient with B lines, e) and another showing how TUS can guide an intervention.

R. I agree, and thank you for this request. I am limiting the number of figures to the conditions, which are more important for the cardiologist to address and likely to encounter often. I am trying to include, as appendix, some videoclip, which allow a more meaningful understanding of signs and clues which are claimed as easy to assess, and which are actually at least of difficult achievement and interpretation..

There are several good review and teaching articles, and I published last year a handbook (400 figures), also as e-book, which is comprehensive of most of the topics needed for a beginners and an expert. I do not quote this book for several good reasons, including the fact that it is in Italian language

Ecografia toracica: Diagnosi e tecniche interventistiche. It is available also as an e-book http://www.edizioniedra.it/Ecografia_toracica_.aspx

- 4) The issue of the inferiority of TUS as compared with echocardiography is kind of repetitive through the manuscript. I would delete some sentences about this matter.
R. Yes, thank you. I did it abridging the length of the manuscript-
- 5) The history of TUS appears at the end of the manuscript. I think it would be better to have it at the beginning of it.
R. Thank you. I moved this section as very appropriately suggested.
- 6) More information about the kind of machines and transducer needed for these studies would also increase the interest of the paper
R. Thank you. I acknowledged the contribution of the two Colleagues that provided me the attached images – recent 2016 cases – and the equipment used.

REVIEWER 2

- 1) The editorial by dr. Trovato is a very good review paper on the usefulness of thoracic ultrasounds, which should be considered by the cardiologist for the diagnosis of the diseases of the lung, pleura, and heart. Only a couple of comments to improve further the quality of the manuscript.
R. Thanks for the positive consideration and appreciation.
- 2) Some of the content of the paragraph “The rationale and the procedure..” can be summarized and presented in one or more tables. This could result in a more attractive presentation for the readership.
R. Yes, it could be very easy to arrange tables itemizing and listing these topics. We did it elsewhere, but now I think that a more narrative presentation is preferable.
- 3) Adding some ultrasounds pictures of peculiar conditions will greatly increase the impact of the manuscript. For example, the author mentions the usefulness of thoracic

ultrasounds in the diagnosis of pneumothorax and in the differential diagnosis of pleural vs. pericardial effusion. Imaging of this will be very much appreciated.

R. Thank you for this request. Yes, I am attaching few pictures, recent pictures and recent cases (2016). I am arranging also a link toward a video-audio presentation which can be attached as appendix; otherwise it could be used linked to a web-based video host (youtube) where already is present.

Reviewer 3.

This is a review of a life-time experience with the technique. However, I have never come across an editorial that went far beyond 2 pages. I would strongly urge the author to summarise the manuscript into a more readable summary.

R. Thank you for your observation, I agree, of course. The style and the format of the Journal, however, seemingly encourage invited Authors to write their Editorials as longer and more comprehensive overview articles, including even tables and figures, and, obviously, a 250 word abstract. I agree with this choice.

“Editorial board members are invited to make comments on an important topic in their field, regarding its current research status and future directions that will promote development of this discipline”.

I find several Editorials, in WJC written as an overview of a topic, more than as a review, even with two or more Authors, and this is the style that I tried to adopt.

Examples: Bloomfield D, Park A. Night time blood pressure dip. World J Cardiol. 2015 Jul 26;7(7):373-6. doi: 10.4330/wjc.v7.i7.373. PubMed PMID: 26225196; PubMed Central PMCID: PMC4513487.

Kowallick JT, Lotz J, Hasenfuß G, Schuster A. Left atrial physiology and pathophysiology: Role of deformation imaging. World J Cardiol. 2015 Jun 26;7(6):299-305. doi: 10.4330/wjc.v7.i6.299. PubMed PMID: 26131333; PubMed Central PMCID: PMC4478563.

Seemingly for this reason I am invited, now, to add also figures and tables. No problem, of course, and, if requested, I can attach also some videoclip to be viewed by youtube, if the system does not allow yet this type of supplementary online material.

Reviewer 4.

This is a concise and well written mini-review which will be met with interest by pulmonary and general medicine specialists. I would recommend to change titles of first two sections, just to make them more suitable for a scientific journal(i.e. "A journey..." and "What, who...").

R. Thank you for this comment. I agree. I am doing it, leaving the sentence as an incipit in each section. If still wished, I can delete, of course. It was more a complementary light teaching point for younger Colleagues than a matter of rhetorical exercise of style. The topic – as all medical topics – is a very serious one.