

April 30, 2013

The Editor,
World J Cardiology.

Dear Editor,

Please find enclosed the edited manuscript for publication under case report section of World Journal of Cardiology.

Title: Longitudinal Stent Compression of Everolimus-eluting Stent: A Report of 2 Cases.

Author: Rajesh Vijayvergiya, Alok Kumar, Smit Shrivastava, Naveen K Kamana

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 2853

The manuscript has been improved according to the suggestions of reviewer. The point wise clarification about reviewer's comments are mentioned in blue font.

Reviewed by 00060499

Well written paper -Some confusion in the naming of figures -was stent boost used??

The figures numbers have been corrected for case 1. No stent boost was used to visualize stent deformation.

Need to describe the mechanisms more appropriately in addition to guide catheter induced LSC -Need to describe the details of types of stents available, design and structure, radial and longitudinal strength of stents, relation between newer materials used for stents and their strength, reasoning for their use, advantages and disadvantages of these newer material w.r.t alloy used, strut thickness, radial and longitudinal strength compared to stainless steel stents, is LSC class effect?

Appropriate sentences have been added in discussion part to describe various aspects about LSC.

a problem of newer -no mention of 'concertina effect' –

We have labeled the “Concertina effect” as LSC in both the cases. Bartorelli AL,et al. in his article of longitudinal stent compression published in EuroIntervention. 2012 Jun 20;8(2):290-1. have used the term “concertina effect” for strut compression.

is there relation between thinness of struts, number of connectors between struts, and the orientation of those connectors,

This is not a class effect of Promus Element stent. LSC has been reported with other stents as well. It is more frequently noticed with Promus Element stent, possibly because of more radio-opacity compared to other stents. A stent design of two connectors and its susceptibility to LSC has been added in the article.

-Need to provide some more advise to interventionists regarding lesion characteristics and which stent to select as well as preparation of lesion to prevent this effect, post stenting advise whether

compliant or NC balloon and why?. **A statement regarding importance of proper lesion bed preparation, a smooth exchange of various catheters across the stented segment etc has been added. It is always a non-compliant balloon dilatation, which is there in discussion part.**

Reviewed by 02457603

If I were you, I would try to do the LAD again before I handle the RCA or advise the patient to accept CABG in case 2. Which will be more safer for the patient

Regarding management of case no 2, it was a 15 days old MI with occluded LAD. LAD was initially intervened to expect a good flow, but it was laden with large amount of thrombus, which could not be retrieved by thrombo-suction, or dissolved with abciximab infusion. Later it was not intervened, considering the non-viability of LAD territory. CABG was not considered for only one vessel that is RCA, as LAD was non-viable. A recent anterior wall MI with gross heart failure, ejection fraction of 30%, LAD territory thinned out and akinetic on Echo, is not a suitable patient for CABG. However, a difference of opinion can be there between two cardiologists. Your opinion is well taken.

Reviewed by 00742205

I feel the cases represent important experience to all the cardiologists who perform similar procedure. But the manuscript can be shortened significantly. Similar type of catheter was described multiple times in one paragraph becomes very redundant.

The total word count of the manuscript is 1358, which include details about 2 cases. The introduction and discussion part is not so lengthy. As per the recommendation of World J Cardiology, the word count is acceptable. The repetition of technical details of PCI is modified in the manuscript.

I hope, reviewers will find it suitable for publication. Kindly inform for any further clarification to be made about the manuscript.

Sincerely yours,



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