

June 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3802-Review.doc).

**Title: Coronary-cameral fistulas in adults: congenital types: Review (first of two parts)**

**Author:** Salah AM Said, Rikke HM Schiphorst, Richard Derksen and Lodewijk Wagenaar

**Name of Journal:** *World Journal of Cardiology*

**ESPS Manuscript NO:** 3802

The manuscript has been improved according to the suggestions of reviewer. Changes are highlighted with yellow text marker.

A) Format of the paper and references has been updated. The total number of references in part I and part II is 117 which is divided into 60 references for part I and 57 for part II.

B) Revision has been made according to the suggestions of the reviewer and editor

(1) Page 2, abstract. Definition of macro fistulae is confusing. Why not say "large or small solitary macro fistulae (cut-off 1.5 mm)" or something like that.

Amended to: small or large solitary macro CCFs (cut-off 1.5 mm)

(2) Page 2, abstract, "apical..." hard to get the meaning of this phrase: It has been changed: Apical hypertrophic cardiomyopathy was reported in some of the reviewed subjects with MMFs (3/24=13%) but was not seen in our own series

(3) Page 2, abstract - would be better if the authors STARTED out by saying "this is a case series and review of the literature adding 11 new cases: is added to the abstract.

Added: This is a case series and review of the literature adding 11 new cases.

(4) Page 4, line 8: the usual verbage is "y presented with disease x" and not the passive tense (i.e. was presented). Needs review by a native speaker to sort out grammar and vocabulary. Changes have been made:

The congenital entity can be distinguished into coronary artery-ventricular multiple micro-fistulas [2, 6-9] or small or large solitary macro fistulas [1], the latter making up the vast majority<sup>[10]</sup>.

(5) Page 5, definitions: Should be rewritten as full phrases. "The definitions offered by... were applied". Modification has been applied:

The definitions offered by Chiu et al. and Gupta-Malhotra [1, 12] were applied.

(6) Page 8: Throughout the manuscript it is confusing why the authors add 11 new cases but chose to treat the macro fistula case differently. All 11 patients are considered together:

Data of 11 adult patients with congenital MMFs and solitary macro CCFs are presented (Table 1).

In 1 patient the CCF originated from the RCA and terminated into the right atrium. He underwent mitral valve repair and surgical ligation of the fistula.

(7) Shouldn't there be comments on 11 ECGs? Comments are given on page 7: "...without T wave inversion in the anterior chest leads".

(8) Shouldn't case 11 show up in Table 1? Patient 11 is added to Table 1.

(9) Page 14: Hyphens or bullet points are not necessary here. Hyphens or bullet points have been deleted.

(10) Conclusion 2 belongs in results or should be significantly reworded. Conclusion 2 is deleted and the sentences are rephrased: "In almost 40% of the reviewed subjects with congenital coronary artery-ventricular multiple micro-fistulas, T-wave inversion was present in the precordial leads of the electrocardiogram in association with or without apical hypertrophic cardiomyopathy. For adult patients with congenital coronary artery-ventricular multiple *micro*-fistulas, conservative medical management is the treatment of choice. Due to the multiplicity of the fistulas, they are inaccessible for percutaneous or surgical intervention which may be considered in large solitary coronary-cameral *macro* fistulas with hemodynamically significant shunts. Limited data were reported on adult patients with solitary CCFs. Within the entity of CCFs, each subtype has its own specific characteristics such as origin, termination of fistulas and treatment options. In addition, there were few reports on the implantation of an ICD in patients with extensive congenital MMFs in association with syncope".

(11) Table 1, column 1: Clumping together 3 parameters in the first column doesn't work. Confusing. Also, consider adding case 11 to Table 1. The parameters are separated. Patient 11 is added to the Table.

(12) Table 2: Where are the references to the studies that are in this table? References are added to the Table.

C) References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Cardiology*.

Salah AM Said, MD, PhD, FESC, Department of Cardiology, Hospital Group Twente, Geerdinksweg 141, 7555 DL Hengelo, the Netherlands. [samsaid@home.nl](mailto:samsaid@home.nl)  
Telephone : + 31 74 2905 286 Fax : + 31 74 2905 289

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