

June 23, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10705-review.doc).

Title: Aorto-Right Atrial Fistula. Late Complication of Tricuspid Valve Infective Endocarditis.

Author: Pedro A. Villablanca, Shashvat Sukhal, Oscar Maitas, Afiachuukwu Onuegbu, Juan M. Muñoz-Peña, Ajay Joseph, Carlos Requena, Divyanshu Mohananey.

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 10705

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Comments of reviewer 1

Words contractions do not be used without write the words before. So HF is used without explain that is heart failure. Microorganism in cursive must be used when you write the genera and specie of bacteria. You have write: streptococcus, pneumococcus, enterococcus, and it is incorrect. If you want use cursive, you must write *Streptococcus spp.*, for use pneumococo: *Streptococcus pneumoniae*, ...

Answer 1: We thank the reviewer for the constructive comments on our manuscript. We corrected the word contraction specified in the reviewer comments (Heart failure (HF)). Also microorganisms' species have been typed according to the reviewer recommendations.

(2) Comments of reviewer 1

I think this is an interesting paper as we are seeing more and more unusual complications of the complex medical problems as we are getting better at keeping such patient alive. I think this paper is worthy of publication, but I am a little concerned that surgery is deemed to be very high risk without objectively quantifying the risks for both morbidity and mortality further. This reviewer has performed many operative similar to the one that this patient would require - and while not exactly 'low' risk - good results can be accomplished with acceptable (if not minimal) morbidity and mortality even in very sick patients. I think that this needs to be better quantified as I would be concerned that curative surgery might be avoided in patients deemed to be too sick for surgery who in fact are not - and further waiting for surgery might only increase the risks. Hopefully this important point can be further defined and the specifics of operative management and/or catheter based approached can be better described (and in the context of avoiding catheter

procedures potentially in patient with active infection). Otherwise, I think this is a good paper and worthy of publication

Answer 2: We thank the reviewer for the constructive comments on our manuscript. We agree that if the fistula is not repaired, her heart failure would worsen despite being on optimal medical treatment. Surgery has been offered in multiple occasions, but she refused it due to religious considerations that we respect. At some point, also interventional catheter option was considered, but again she declined. There are only a few experiences reported with interventional catheters, we added the specification of the percutaneous closure using an Amplatzer plug to the review.

3 References and typesetting were corrected

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

Sincerely yours,

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