

August 2, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11763-review)

Title: Surgical management of moderate ischemic mitral valve regurgitation. Where do we stand?

Author: Khalil Fattouch, Sebastiano Castrovinci, Giacomo Murana, Marco Moscarelli, Giuseppe Speziale.

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 11763

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

Reviewer 1

Nice scholarly article regarding management of moderate ischemic mitral regurgitation. Its language should be improved. For example: 1-Page 2 line 3. IMR occurs in the myocardium rather than in the valve itself? 2-Page 3 Line 14 If on the one hand? 3-Page 5. Unfortunately in the both trials are not provided data on..? A reviewer whose native language is English may help you to improve the language of article. Best regards

Answer: we have asked a professional translator to check our manuscript on grammar. Numerous textual adjustments have been made throughout the document, this is represented on all pages in the marked version.

Reviewer 2

- Use of Venous Thromboembolism Prophylaxis in Gastrointestinal Bleeding It's a nice article and well written. I just noticed perhaps two typos – agents were considered to be protective against the development of thrombosis even if they were continued for a portion of the hospital stay. Maybe agents were considered to be protective against the development of thrombosis even if they were only continued for a portion of the hospital stay. Primary outcome was the incidence of VTE up to one year after discharge based those Maybe Primary outcome was the incidence of VTE up to one year after discharge based on those DVT abbreviation in Introduction is never spelled out. VTE is defined in several ways in the Introduction and Methods – developing venous thromboembolism (VTE)². impact of recurrent venous thromboembolism (VTE) VTE (deep venous thrombosis or pulmonary embolism) There is a problem with the Non comorbidities component of Table 5. the DVT prophylaxis and no prophylaxis labels have slipped down a line. The Comorbid + Non Comorbid section is similarly misaligned. The division of Table 5 between two pages makes it difficult to understand the first component in the table. Similarly in Table 4 for Malignancy – Surgery label. Authors should be careful to align all portions of their tables. For future reference, it is customary to put one table per page particularly if not doing so causes tables to be split between pages. Authors could have a Conclusions and or Limitations section at the end.

Answer: sorry, this is not a comment on our study.

Reviewer 3

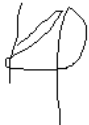
- In patients with coronary artery disease, either acute coronary syndrome or stable angina, even mild mitral regurgitation (MR) is associated significant with further prognosis. Although coronary bypass surgery (CABG) alone improved segmental wall motion in the viable myocardium, its effectiveness for reducing MR, which affects the long-term outcome, is reportedly suboptimal. Even some debates whether mitral valve repair (MVR) should be done in patients, who had severe coronary artery disease

and moderate ischemic MR, during CABG. Recent studies prefer this strategy – the mortality of MVR and CABG in those patients is acceptable (3-4%); it brings less patients with heart failure symptoms at rest and during exercise. Although it is still lack of large-scale randomized controlled trial and long-term follow-up result, current data demonstrates that, regarding moderate MR, the prognosis of CABG with MVR is not inferior to that of CABG only.

Answer: We thank the reviewer for his/her comment.

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

Sincerely yours,

A handwritten signature in black ink, appearing to be 'KF' or similar initials, enclosed within a simple rectangular box.

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