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**Name of Journal:** *World Journal of Clinical Cases*

**Manuscript Number:** 24362

**Manuscript Type:** MINIREVIEWS

Answering Reviewers:

**Reviewer 227381**

1. It would be appropriate to add figures showing the 1) serial Color Doppler recordings of the MR signals, and the serial ECG recordings indicating QRS changes, before and after re-synchronization therapy for better understanding the efficacy of additional up-graded pacemaker treatment.

Response: This report highlights that left ventricular pacing via the coronary sinus is still possible with an annuloplasty device in situ. It is not intended to report the indications or benefits (or otherwise) of mitral annuloplasty or cardiac resynchronisation therapy (CRT), as these are widely known. I feel that addition of surplus clinical, electrocardiographic and echocardiographic data would not be beneficial. The mechanism of how CRT works, and its clinical benefit and effects on mitral regurgitation and the QRS are already established. The value of this report is to show that this procedure is technically possible in these patients, and cluttering it with unnecessary extra information will detract from this message.

2. It would be anxious about the thrombus formation in the coronary sinus because of coexistence of a pacing lead and an annuloplasty device. Does author have some idea on this problem?

Response: This patient was in atrial fibrillation and was anticoagulated with warfarin. In the EVOLUTION study (reference number 4) there were no reports of coronary sinus thrombosis in 72 patients who underwent mitral annuloplasty with a MONARC device. Coronary sinus thrombosis is rare, but can occur following procedures in the right heart such as LV lead placement. There are no case reports of coronary sinus thrombosis in patients with CRT and an annuloplasty device.

**Reviewer 2638028**

The more concise description about the improvement of the status of heart failure after cardiac resynchronization therapy should be added.

Response: Please see above first response to Reviewer 227381. This manuscript is not intended to report the indications or benefits (or otherwise) of mitral annuloplasty or cardiac resynchronisation therapy (CRT), as these are widely known. I feel that addition of surplus clinical, electrocardiographic and echocardiographic data would not be beneficial. The mechanism of how CRT works, and its clinical benefit and effects on mitral regurgitation and the QRS are already established. The value of this report is to show that this procedure is technically possible in these patients, and cluttering it with unnecessary extra information will detract from this message.

**Reviewer 227375, 214291 and 227531**

These reviewers had no questions.