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315-321 Lockhart Road, Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8638

**Title:** Accuracy of 3D-Echo in Preoperative Assessment of Aortic Cusps Effective Height.

**Reviewer code:** 00211908

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-03 13:24

**Date reviewed:** 2014-01-13 01:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Hengelo,12 January 2014, Dear author, Comments on the ESPS Manuscript NO: 8638 with the title "Accuracy of 3D-Echo in Preoperative Assessment of Aortic Cusps Effective Height". 3D-TEE is a recent development in the non-invasive diagnostic tools to assess the valvular lesions. The brief report by Dr. Nijs and colleagues from Maastricht, the Netherlands and Brussels, Belgium describes the application of this novel diagnostic modality to evaluate accurately the aortic valve before repair for aortic regurgitation. The figures are of very high quality.



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

**ESPS Manuscript NO:** 8638

**Title:** Accuracy of 3D-Echo in Preoperative Assessment of Aortic Cusps Effective Height.

**Reviewer code:** 00214291

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-03 13:24

**Date reviewed:** 2014-01-16 00:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The manuscript deals with an interesting new application of three-dimensional echocardiography. In figure 2, images of a patient with a cusp prolapse should be shown (instead of a patient with a normal anatomy). Then, the superiority of 3D TEE to 2D echocardiography could be demonstrated.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8638

**Title:** Accuracy of 3D-Echo in Preoperative Assessment of Aortic Cusps Effective Height.

**Reviewer code:** 01293596

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-03 13:24

**Date reviewed:** 2014-01-23 07:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Review manuscript



ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8638

Title: Accuracy of 3D-Echo in Preoperative Assessment of Aortic Cusps Effective Height.

Reviewer code: 00227677

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 13:24

Date reviewed: 2014-01-23 21:12

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

The classification of aortic regurgitation (AR) is based on cusp mobility. Based on this classification, a patient with surgical AR often has multiple mechanisms. Reconstructive surgery of the aortic valve -that is, operations on aortic cusps or root that normalize geometry and function of the valve- is a recent development with old roots. Contemporary series have shown that aortic valve repair is safe, effective, and durable whether the AV is tricuspid or bicuspid (Aicher D & Schfers H-J Semin Thoracic Surg 2012; 24:195-201). The authors present a new use of 3D-echo for preoperative assessment of aortic cusps effective height, in order to evaluate the reparability of the aortic valve. As new technologies with new applications come into the marketplace, the requirement for validation studies to the clinical settings will increase. A good method should be both accurate and precise. The accuracy describes how close to the actual or real value the measurement is, whereas the precision describes how close the values of repeated measurements are (Cecconi M et al. Critical Care 2009, 13:201). Therefore, the authors do not analyze the "accuracy" of 3D-echo, so I suggest to remove this word from the title. It would be desirable to add a comparative table showing advantages and disadvantages among imaging techniques, and highlighting the predictors of aortic valve repair failure, such as level and length of aortic valve coaptation. (Augoustides JGT et al. J Cardiothorac Vasc Anesth 2010; 24:1016-20).