

July 2, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript No. 3675.doc).

Title: Side Matters: An Intriguing Case of Persistent Left Superior Vena-Cava

Author: Adeel M. Siddiqui, Long Bao Cao, Assad Movahed

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 3675

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

1 Format has been updated

2 Response and correction to reviewers comments. We thank the reviewers for their comments. Please see below for responses.

Comment 1:

"It is quite surprising that the authors did not give any information about anamnesis of the patient: previous diseases, cardiovascular risk factors, drugs used, etc. Please provide."

Response 1:

We appreciate the reviewer for this excellent suggestion. We have therefore added the following statements to the manuscript:

"A 68 year-old Hispanic male with a past medical history of hypertension was referred to the cardiology clinic..."

" Cardiac risk factors included hypertension and class I obesity (BMI 31). The patient's current medication included hydrochlorothiazide 25 mg daily."

Comment 2:

No information about common biochemical parameters had been provided: troponin, BNP, NT-proBNP had not been written by the authors. Please provide.

Response 2:

Thank you for your inquiry into these labs. As the patient did not have ongoing chest pain, cardiac biomarkers were not drawn. However, the BNP was 46.8. This has been incorporated into the manuscript as follows:

"Pertinent labs included a brain natriuretic peptide level of 46.8."

Comment 3:

No data about right cardiac chambers had been provided: size, TAPSE, etc. Please provide in order to better complete the presentation of the patient.

Response 3:

We appreciate the further pertinent information that is requested by the reviewers. This information has been incorporated into the manuscript with the following lab values as below:

LV function:

Visually EF 30%

Simpsons Modified EF 23%

LV size:

Inter ventricular septal diameter (IVSd) = 0.967

Left Ventricular Posterior Wall Diameter (LVPwd) = 0.919

Left Ventricular end Diastolic diameter (LVeDd) = 6.29 cm

LV mass index >115

Eccentric hypertrophy (by relative wall thickness (RWT) calculation)

Dilated cardiomyopathy

Diastolic dysfunction:

Grade 1 (E:A) reversal

Lateral E' 6.3

Medial E' 4.8

Normal pulmonary vein flow.

Normal left atrial and right atrial size by volume index

RV function:

Tricuspid Annular plane systolic Excursion (TAPSE)

We did not think there was reliable RV dimension measurements.

Comment 4:

We think that the patient should have undergone coronary angiography rather than CT: a patient with shortness of breath, paroxysmal nocturnal dyspnea, lower extremity edema and a sudden LVEF = 30% deemed a more accurate evaluation rather than CT. Why did the physicians exclude such a diagnostic option? Why did they define the patient as suffering from non-ischemic dilated cardiomyopathy only in agreement with the solely CT result?

Response 4:

We appreciate the questions by the reviewers above. During initial trans-thoracic echocardiographic evaluation, the patient was found to have an ascending aortic aneurysm of 4.3 cm. For further evaluation of same, the authors believed that obtaining a coronary and aortic coronary angiogram would be beneficial. As the negative predictive value of assessing coronary artery disease with this imaging modality is high, the authors believed such a negative study would allow a non-ischemic dilated cardiomyopathy diagnosis to be made.

Comment 5:

What were the discharge dosages of the drugs?

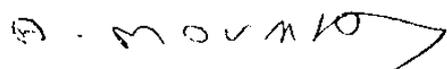
Response 5:

The patient's discharge medications were bisoprolol fumarate 2.5 mg daily and lisinopril 10 mg daily. This has been incorporated into the manuscript.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours,



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