

ANSWERING REVIEWERS

December 12, 2013

Dear Editor,



Title: Surgical removal of a large mobile left ventricular thrombus via left atriotomy

Author: Daizo Tanaka MD, Shinya Unai MD, James T. Diehl MD, Hitoshi Hirose MD.

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 7089

Thank you for your review. Here is the answer for the points questioned by each reviewer.

Reviewer 0060192

This is an interesting case that I believe deserves to be published. I would like the authors to mention potential limitations of the technique they describe besides the limited room for maneuvering of the thrombus.

Thank you for your comments. In the discussion section the limitation of this method was described as "The potential disadvantage of the left atrial approach would be limited room for maneuvering of the thrombus and should be reserved only for one that is loosely connected to the ventricular wall with a narrow stalk" No additional modification was made on the text.

Reviewer 00214240

Nicely written, interesting case report.

Thank you for your good comments.

Reviewer 00227356

This case report presented a case of successful surgical removal of a large mobile left ventricular thrombus via left atriotomy without deteriorating LV function. Although this is a hopeful strategy, this report encompasses some obscure points.

1) Please show concrete EF after the surgery.

The postoperative EF was 40%. The information was added to the text.

2) Please comment on any complications after the open surgery, such as bleeding which may lead to cardiac tamponade, ventricular arrhythmias, Atrial arrhythmias, e.g., PSVT atrial fibrillation.

The patient had transient atrial fibrillation which was successfully converted to sinus rhythm with infusion of medical therapy.

The information was added to the text.

Reviewer 0021908

Few comments: Page 2: Core tip: second sentence please rephrase or edit "featrue" to "future". Page 4: Line 17: Furthermore, if once the left ventriculotomy "were" performed, future'... may be altered to "was".

Thank you for your comments, we modified the text as your suggestions.

Thank you again for reviewing our manuscript. Sincerely yours,

Corresponding author: Hitoshi Hirose, MD.