

November 30, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (cor triatriatum manuscript final).

Title: Permanent Transvenous Pacemaker Implantation in a Patient with Cor Triatriatum Dextrum

Author: Kun Xiang, MD, PhD, George V. Moukarbel, MD, Blair Grubb, MD

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 13315

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

1 Format has been updated

2 Revision has been made as specified below:

Response to the reviewer No. 60499:

1. case presentation.....This explains the absence of significant symptoms prior to the current presentation....this has to be mentioned in discussion not in case presentation.

-This content of this sentence has been moved to the “discussion”, paragraph 1, page 7, highlighted in yellow.

2. case presentation.....coronary sinus...15.8 cm (normal range 6.6 ± 1.5 mm) [2].is it mm or cm?? also do not write references [2] in the case presentation.

-the unit has been changed to mm. The reference value has been moved into the “discussion” paragraph 3, line 5-6, page 8.

ASD and the defect in membrane not demonstrated in the figures. Need a good figure showing both. How big was the asd defect?

-Figure 3 and its legend has been added. The ASD is measured as 3 mm in diameter which is indicated in the “case presentation”, paragraph 1, 2nd line on page 6.

3.Both..... first ECG and AV block ECG's needed to substantiate the indication for permanent pacemaker in an very elderly lady.

-The indication is high grade AV block (Morbitz type II and complete AV block by continuous monitor). Her good overall functional capacity projects more than one year life expectancy. Therefore based on the ACC/AHA guideline, a permanent pacemaker is indicated. This has been described in the “case presentation”, paragraph 2, line 2-4 on page 5.

4.why dual chamber pacemaker.....that to in an very elderly lady + AF....why not single chamber pacemaker considered. Give reasons.

- Patient was not in chronic AF, she was in sinus rhythm when the pacemaker was placed. It is a common practice at our center to place a dual chamber device in a AV conduction disease with paroxysmal atrial fibrillation.

5. from where intravenous access obtained...please mention.

-the intravenous access now is specified in "case presentation", paragraph 2, line 8 on page 5.

6. where was the right atrial appendage, below or above the membrane?

-It is below the membrane, as indicated in the "case presentation", paragraph 2, page 5, highlighted in yellow.

7. in the discussion you mention that the inferior chamber receives the right atrial appendage....but you have placed the lead in the superior chamber??

-The lead is placed in the right atrial appendage below the membrane, as indicated in the "case presentation," paragraph 2, page 5, highlighted in yellow.

Response to the reviewer No. 2446337:

The abstract is poorly written and does not give the immediate picture of the report.

-The abstract has been modified to present the immediate picture of the report.

The current epidemiology of CV disease should be mentioned in the introduction (Epidemiology of Cardiovascular Disease in the 21st Century: Updated Numbers and Updated Facts. Journal of Cardiovascular Disease 2013;1:1-2).

- The "introduction" had been modified. The above motioned paper was cited as reference 1 in the "introduction" paragraph 1, line 2 on page 5.

The discussion fails to interpret the data in the context of what is known in the field.

- To our knowledge, this is the first such reported case. The related published case is very limited. The current literature in this field has been discussed and new reference regarding prevalence of adult congenital heart disease has been added.

4 References and typesetting were corrected

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

Sincerely,

Kun Xiang, MD PhD on behalf of Blair Grubb, MD
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