

## Format for ANSWERING REVIEWERS

July 15, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 19955-Review.doc).

**Title: Imaging of pannus formation in patients with mechanical heart valves**

**Author:** Sabahattin Gündüz, Mehmet Özkan, Mahmut Yesin

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

**ESPS Manuscript NO:** 19955

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

**Editor:**

**Suggestion:** *“Please highlight the changes made to the manuscript according to the peer-reviewers' comments”*

**Response:** The changes are highlighted in the revised manuscript according to the peer-reviewers' comments.

**Suggestion:** *“Please sign the conflict-of-interest statement in your own handwriting. And this file is not the uniform format. Thank you”*

**Response:** The conflict-of-interest statement is now signed in our handwriting.

**Suggestion:** *“Please provide the audio core tip.”*

**Response:** The audio core tip is now provided.

**Suggestion:** “*Running title: ?*”

**Response:** The running title is now added to the revised manuscript as “**Imaging of periprosthetic pannus**”.

**Suggestion:** “*Core tip: ?*”

**Response:** The core tip is now added to the revised manuscript.

Of note, our manuscript’s language is already scored as “Grade A” by all four Reviewers. We would like to ask to the Editor whether a language certificate is still needed.

**Reviewer # 00227531:**

**Comment:** “*Well written and oportune letter on the role of computed tomography for distinguishing pannus and thrombosis after aortic valve surgery*”

**Response:** We are very thankful to this Reviewer for finding our paper as a well written and opportune letter. We are also so glad to hear that our paper is scored “very good”, language is “Grade A”, and the manuscript is accepted.

**Reviewer # 00227341:**

**Comment:** “*I agree with the authors' comments*”

**Response:** We would like to thank to the kind Reviewer for his/her approval of our manuscript. We are also so glad to hear that our paper is scored “very good”, language is “Grade A”, and the manuscript is accepted.

**Reviewer # 02446694:**

**Comment:** *“This letter to the editor seems to be reasonable. I have no request and question”.*

**Response:** We appreciate this Reviewer for finding our Letter to the Editor reasonable in its current form.

We are also so glad to hear that our paper is scored “very good”, language is “Grade A”, and the manuscript is accepted.

**Reviewer # 00227385:**

**Comment:** *“This letter emphasized that MDCT is an effective method for identifying pannus formation around prosthetic valve. Is there interference by artifact on the MDCT image? Representative figure presentation may help readers' understanding”*

**Response:** We would like to thank to the Reviewer #1 for the constructive criticism regarding his/her concern for artifacts which may interfere with MDCT images. MDCT imaging of mechanical heart valves may be affected by the artifacts emanating from the metal parts of the prostheses. However, appropriate implementation of certain issues during MDCT imaging of mechanical valves is essential to obtain satisfactory images. These include:

- 1- Adequate patient preparation (improving symptoms by medications to make the patient lie supine and breath comfortably, breath-hold exercises, strict heart rate control) on the preceding days of MDCT imaging
- 2- Further heart rate control immediately before the scan,
- 3- ECG-gated imaging (at least 64-section MDCT)
- 3- Using appropriate amount of contrast injected automatically and triggering of shooting right on-time when opacification of left heart is maximum

4- Reducing the “field of view” to the smallest possible size during data acquisition,

5- Using dedicated soft-ware to eliminate excessive RR irregularities and narrow RR interval reconstruction when necessary

6- Using small ROI's for measurements of attenuation values of periprosthetic masses along with paying special attention not to record the artifacts erroneously as masses.

We consider these points are beyond the scope of this “Letter to the Editor”. We would like to ask the Reviewer's and the Editor's opinion whether they consider these details of the MDCT imaging are necessary, and if so, we will be happy to include this information. On the other hand, we agree with the Reviewer that representative figure presentation may help readers' understanding. A figure is now added to the revised manuscript including periprosthetic pannus formation seen as a high attenuated mass by MDCT imaging. Corresponding figure legend is also added.

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

Sincerely yours,

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