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Reviewer A

This paper describes a rare complication of PPVI with a folded Melody valve. The authors describe nicely how they managed to solve this problem. The paper is well written and instructive.

I have some questions or remarks to clarify some technical issues and choices which have been made.

Comment 1: A folded Melody valve was used to adapt for the short distance (landing zone) avoiding jailing of the RPA and avoiding compression of the RCA. Currently this length (landing zone) is not stated in the paper or indicated on the figures. As no angiography is included showing the orifice of the RPA (fig 2), it is currently difficult to appreciate the effective landing zone for PPVI. Adding the length in text or on figure might be instructive.

Unless the Andra stent was flaired using a 28 mm balloon, a diameter of 21 mm was assessed 3 months later. It is not clear if this 21 mm is the broadest diameter of the stent, as in the frontal projection (fig 2) the diameter of the stent is not the same over the total length of the stent. This also might be instructive either to clarify within the text or indicate sizes on the stent (fig 2).

This brings us to the choices. It might be of interest to add a small comment why the authors chose to use the folded Melody in this particular case and not for example a Sapien 23 mm (if available and accessible off course). The Sapien valve has a lower length and no covering at the distal end which lowers the risk of jailing the RPA.

Reply 1:

The landing zone was measured with 16 mm. The 21 mm was the minimal diameter.

We decided to implant a Melody valve as we have made good experience with it and furthermore, there is data showing tricuspid regurgitation as a complication of Sapien valve implantation.

We added this information see Page 2, line 63 and 64. We haven't added why we chose the Melody valve and not the Sapien valve but we can if so wished.

Comment 2: Is there a specific reason why a 22 mm BIB was chosen for PPVI and not the Ensemble II system, as it is possible to deliver a folded Melody on the Ensemble II system.

Reply 2:

We used the 22 mm BIB which is part of the Ensemble II Transcatheter Delivery System.

Reviewer B

The authors describe a case where the outer balloon became damaged during Melody valve implantation. Fortunately, the valve remained fixed to the inner balloon. Operators managed to slide a catheter, wire, and eventually a balloon along the lumen of the Melody valve. This ultimately resulted in a successful implantation.

The text is clearly written and brings a clear message to interventionalists on how to solve this particular problem.

Two minor comments.

Comment 1: In the introduction, the authors mention that PPVI is used for RVOT dysfunction. Could they word this differently? Dysfunction reads difficult.

Reply 1:

We have modified our text as advised see Page 1, line 29 and Page 4, line 91.

Comment 2: The second paragraph mentions corrective surgery. The word corrective in congenital heart disease should be avoided as much as possible, since we are only repairing.

Reply 2:

We have modified our text as advised see Page 1, line 41.