



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	2013_CA_5783
Title of the Manuscript:	A systematic review and meta-analysis of the incidence of paravalvular leak incidence post procedure, six months and one-year following TAVI
Type of the Article	Research paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Paravalvular regurgitation (PVR) $\geq 2+$ after TAVI procedure is associated with increased risk of late mortality, affecting midterm clinical outcomes. The present study confirms these data and well describes how to solve this complication, reviewing the current literature and summarizing the occurrence, clinical impact and treatment options. Moreover, this review doesn't focus on the reasons and diagnostics of PVR post-TAVI. The occurrence of significant PVR is related to the lack of congruence between the annulus and the device. Routine TAVI oversizing with prostheses 10% to 20% larger than the native annulus and a trend to a lower valve positioning have been associated with a reduction of PVR rate. On the other hand, inappropriate valve oversizing may result in redundancy of leaflet tissue leading to altered valve function and reduced durability and even annulus rupture. The authors should briefly describe and comment how to avoid PVR or to obtain minimal PVR during TAVI procedure. In this way readers would have a complete and systematic summary about PVR after TAVI.	I thank the reviewer for this considered response. I am adding a brief paragraph describing the modifiable and non-modifiable factors affecting PVR. Thereby describing how the incidence of PVR can be reduced in terms of the modifiable variables. Clearly the presence of aortic valve calcification, an acute angle between the LVOT/AO etc cannot be modified however the issues such as valve sizing and indeed valve choice are potential considerations.
Minor REVISION comments		



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<u>Optional/General</u> comments	the follow-up is limited to 1 year post TAVI and only the future will give us the right outcome of these patients.	