



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2014_JAMPS_14459
Title of the Manuscript:	Evaluation of Right Ventricular Diastolic Function in Patients with Chronic Obstructive Pulmonary Disease Using Pulsed Doppler Tissue Imaging
Type of the Article	Original Research Article

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.

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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	- English language should be improved. - Authors didn't report any figures. It should be fine to have an explanatory image about TDI measurements. - Table 2: please, separate left ventricular measurements from right ventricular ones in order to facilitate comprehension of the data. In this regard, specify to which ventricle concern "fractional shortening" and "ejection fraction". There aren't any data about inferior vena cava diameters and then right atrial pressure, although their measurement have been explained in methods section; please provide them. Moreover, data about systolic right ventricular function are lacking. - In discussion section authors declare that "TDI parameters, especially IVRT, are able to detect RV diastolic function" (page 11, line 7), as in the conclusion section. How can you state that patients of group I have a diastolic dysfunction only on the basis of IVRT elongation, in presence of normal E/A, normal E/Em and normal right atrium size and without any information about outcome of these patients? In my opinion, it is quite a strong statement not supported by strong basis. Analogously the suggestion of IVRT use as	- The manuscript has been reviewed to correct grammar and spelling errors. - Figure 1 is added - We separated the table two into two parts according to left ventricular and right ventricular data, and re-arrange the tables. As all the IVC diameters were within normal range the right atrial pressures were accepted to be 5 mmHg according to the method section. The global right ventricular function determined by MPI was given at table 8, Moreover segmental right ventricular functions determined by Sm were given at tables 4-7. - the statement has been changed as "TDI parameters especially IVRT may be a new tool to detect RV diastolic function"



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	follow-up diagnostic tool in COPD patients (conclusion section) is an hard statement without solid foundation as well. Anyway, although you have few patients, are there any correlations among IVRT elongation and COPD severity? 5. Please check references indication: page 12 line 8 is indicated reference 14 as Caso's paper but it is not.	5. corrected
<u>Minor</u> REVISION comments	1. Authors dedicated a lot of time explaining the assessment of systolic pulmonary artery pressure by echocardiography, in the introduction and in the discussion. In my opinion, it is quite redundant because it is not the target of the research. Please, shorten the indicated section. 2. Provide mean values of systolic and diastolic blood pressure of both groups, in order to demonstrate that patients with systemic arterial hypertension have been excluded. 3. Table 1: values of FEV1/FVC should be expressed as percentage (%), aren't they?	1. Done 2. SBP and DBP values have been added to table-1 3. "%" is added to table
<u>Optional/General</u> comments	This is an original study which demonstrates that COPD patients without PHT have an IVRT elongation at TDI evaluation, respect to normal subjects. However, authors conclusions that IVRT alone is marker of diastolic dysfunction and that it could be adopt for follow-up are quite too much risky.	As we mentioned at the limitation, the sample size of our study was not enough to group the COPD patients according to their PHT detected from tricuspid regurgitation. So that we only suggest IVRT might be a parameter to detect the diastolic dysfunction even in stable low risk COPD patients.