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OPEN PEER REVIEW

Right Aortic Arch in Pediatric: Experience of a Center

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

4 comments · 15 Oct 2024 – 2 Nov 2024

Referee 1 Reviewer

MINOR REVISION 15 Oct 2024

Abstract
Was TF not considered a complex anomaly in your study? Why?
The keywords are not chosen according to the MeSH database.
Results
The text is relatively vague.
Please define these sentences and phrases:
- This study included 277 patients with right arch, of which 7(2.3%) had a branch of the left subclavian artery.
- with a significant relationship identified between compressive symptoms and both respiratory and gastrointestinal symptoms. (What does compressive symptom mean?)
- The relationship between non-cardiac anomalies and surgical intervention showed that only urological anomalies had a significant p-value of 0.034, indicating a strong association with surgery. (What does association with surgery mean?)
- left arterial abnormalities?????
- right arterial abnormalities?????
- consultations (61 patients, 22%), and other causes (30 patients, 10.8%). (What is the difference between the consultation group and other causes?)
Discussion
It is not well presented; in particular, the comparison between your work and previous work is not defined properly.

Mohammadreza Naghibi Sistani Reviewer

ACCEPT 28 Oct 2024

The subject was the importance of finding Rt Ao Arch in a patient suspected of having congenital heart disease.

Associate Editor

MINOR REVISION 2 Nov 2024

Dear EIC,
I thank the authors and express my appreciation to the researchers. The manuscript presents valuable research. But some revisions are needed. The authors should revise it based on the comments. Also, minor changes should be made to the abstract:
A summary of the statistical analysis results should be mentioned in the results section.

Editor-in-Chief

MINOR REVISION 2 Nov 2024

Dear Author,
Thank you for submitting the article. It needs some revision. Please revise it based on the reviewers' and AE's comments.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor in chief,

I appreciate your concern about our manuscript. We revised t based on your reviewers' valuable comments.

Reviewer 1:
Abstract
TF was not considered as a complex anomaly in your study? Why?

We appreciate your comment. Yes, you are completely right. We didn't consider TOF as a complex anomaly because it did not cover the criteria of this type.

As we mentioned in the methods section, Complex refers to situations where there are more than three main categories of associated problems, or when accompanied by conditions such as cardiopathies, TGA, malposed great arteries, DORV, tricuspid atresia, and single ventricle. Patients were classified into five groups based on their referral causes: cardiac, respiratory, gastrointestinal, cases referred for consultation from other colleagues, and an "other" group that includes syndromic appearance, Down syndrome appearance, abnormal chest X-ray, cleft lip, fetal echo, failure to thrive (FTT), imperforate anus, and ruling out vascular anomalies.

Keywords are not chosen according to MeSH database.

We appreciate your comment. We revised it.
Results
The text is relatively vague.

We appreciate your comment. We revised it
Please define these sentences and phrases:
- This study included 277 patients with right arch, of which 7(2.3%) had a branch of the left subclavian artery.

We appreciate your comment. We revised it.
This study was conducted on 277 patients with right arch. Among these patients with right arch, 7(2.3%) had simultaneously a branch of the left subclavian artery which consequently developed Kommerell diverticula.

- with a significant relationship identified between compressive symptoms and both respiratory and gastrointestinal symptoms. (what does compressive symptom mean?)

We appreciate your comment. We revised it. We added a definition for compressive symptoms in the methods section as follows: *Compressive symptoms were noted as gastrointestinal (e.g., dysphasia) and respiratory (e.g., noising respiration, chronic cough, recurrent upper respiratory infections) ones.*

- The relationship between non-cardiac anomalies and surgical intervention

showed that only urological anomalies had a significant p-value of 0.034, indicating a strong association with surgery. (what does association with surgery mean?)

We appreciate your comment. We revised it.
The relationship between non-cardiac anomalies and surgical intervention showed that significantly all patients with urological anomaly needed surgery (p= 0.034)

- left arterial abnormalities?????

We meant **Left-Sided Lesions**

- right arterial abnormalities?????

We meant Right-Sided Lesions

- consultations (61 patients, 22%), and other causes (30 patients, 10.8%). (what is the difference between consultation group and other causes?)

We appreciate your comment. We had defined this parameter in the methods section as follows: Patients were classified into five groups based on their referral causes: cardiac, respiratory, gastrointestinal, cases referred for consultation from other colleagues, and an "others" group that includes syndromic appearance, Down syndrome appearance, abnormal chest X-ray, cleft lip, fetal echo, failure to thrive (FTT), imperforate anus, and ruling out vascular anomalies.

Discussion
It is not well presented, specially the comparison between your work and the previous is not defined properly.

We appreciate your comment. We revised it thoroughly.

Reviewer 2:
the subject was about importance of finding Rt Ao Arch in patient suspected Congenital Heart disease .

We appreciate your comment.

2 Revision 1

2 comments · 2 Dec 2024 – 6 Dec 2024

Associate Editor

ACCEPT 2 Dec 2024

Dear EIC,
I read the manuscript, and the authors corrected the requested items. The article could be accepted at this stage.
Sincerely;

Editor-in-Chief

ACCEPT 6 Dec 2024

Dear Author,
We appreciate your attentiveness and prompt response to the reviewer's feedback. Your manuscript has been ACCEPTED.