

Peer Review File

Article information: <http://dx.doi.org/10.21037/jxym-20-46>

1. Introduction-Clear and simple; depicting the need to review the pattern of Left valvular disease but too brief.

Response: We thank the reviewer. This was actually meant to be a brief report

2. Objective- clear

Response: We thank the reviewer

3. Study Setting; Line 2- Clarification on how a teaching hospital is a secondary level health centre; it should be tertiary level.

Response: We thank the reviewer for this comment. This has been corrected

4. Study Population- The age range stated is too wide [1-90 years]; thus, masking the pattern of the left valvular heart lesion in the pediatric age. The age range is questionable. What type of echocardiography was carried out e.g. transthoracic or Trans esophageal? This detail will guide future researcher in terms of reproducibility of the work.

Response: We thank the reviewer for this comment. The wide age range was because there was a child with congenital mitral regurgitation. The echocardiographies were transthoracic, this has been added to the method section of the manuscript.

5. Are congenital valvular heart lesion included?

Response: We thank the reviewer for this comment. We had one case of congenital valvular heart lesion.

6. Exclusion criteria- How could mild sclerotic aortic valve be excluded when sclerosis of aortic valve was part of the definition of the degenerative valve disease (inclusion criteria) in the study. Please clarify terms.

Response: We thank the reviewer for this comment. Patients with sclerotic aortic valve with any form of dysfunction (mild, moderate or severe) were excluded.

7. Ethical Statement- Since it is a retrospective study and ethical approval was given before study. No need to mention the Helsinki code or no consent.

Response: We thank the reviewer for this comment. That part of the ethical statement has been removed

8. Result- There is a clear distinction in the LVD pattern in children compared to the adult, what were the findings in children? OR the researcher should edit the data to remove the paediatric group since it constitutes insignificant population reviewed.

Response: We thank the reviewer for this comment. Children were removed from the analysis

9. Discussion-The last paragraph, the suggestion or conclusion made seems in appropriate because the study did not set out to evaluate the primary etiology; thus, suggesting the use of penicillin might be premature. Furthermore, the study had earlier identified the changing

dynamic in the pattern of valvular lesion, this did not come out strong in the discussion. The author has referenced relevant and recent articles in developing countries and developed countries.

Response: We thank the reviewer for this comment. One of the objectives was to determine the etiology of valvular heart disease. RHD was the second most common etiology and it is almost entirely preventable. That is why we mentioned the use of penicillin.

10. Limitations-Well written and concise-Identifying the shortcomings in the methodology and the need for a community-based study to ensure better representation of the disease burden in Cameroun. However a multi-centered study so as to remove selection bias and improve generalizability of the study.

Response: We thank the reviewer for this comment. This section of the manuscript has been amended

11. Conclusion – Stated but recommendations appear to have been included here. This aspect should be a reflection of your aim.

Response: We thank the reviewer for this comment. The recommendations were to call the attention of the health authorities and the local scientific committee. There is limited access to cardiac surgery in the country and many patients die because they can't get valvular heart surgery

12. The aim of this study seems to be, to show that the pattern of left sided valvular lesions is changing from rheumatic heart disease to degenerative. Was this achieved? If it was then it should be clearly stated.

Response: We thank the reviewer for this comment. The main aim was to look at the pattern of left sided valvular heart disease. Our findings show that degenerative valvular heart disease was more frequent, suggesting that the pattern of VHD might be changing from RHD to degenerative VHD