Review of: "Long term prognosis in patients with pulmonary hypertension undergoing catheter ablation for supraventricular tachycardia"

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Potential competing interests: The author (s) declared that no potential competing interests exist.

The authors report thirty SVTs in 23 PH patients with severe pulmonary hypertension (PH). Success rate was noted in 94% (17/18) in typical atrial futter, 73% (8/11) in atrial tachycardia (AT), and 100% (1/1) in atrioventricular nodal reentrant tachycardia. The authors conclude that RFCA for SVT in patients with PH is feasible and effective in the short-term, but SVT is common during long-term follow-up and associated with lower survival.

Major comments

Some data could be interesting (better prognosis after successful ablation of SVT).

The main problem is related to the small number of patients. Statistical analysis is debatable in small population. There is only one patient with AVNRT; it should be suppressed; AVNRT is unrelated to PH, is of benign prognosis and ablation is relatively easy.

Minor comments

Methods:

« between January 1998 and October 2019 » : methods of ablation and methods of studies for the follow-up have changed between 1998 and 2019.

How was documented SVT? What is the duration of SVT and the number of recurrences indicating ablation?

“[ERS] Clinical Group 2; pulmonary artery wedge pressure>15 mmHg; n=8)”: not clear; what is the group 2??

In patients with congenital disease ablations are difficult and in 1998 the results were probably poor.

Electrophysiologic study: what is IART, FAT (only defined in figure 1)?

Table 1: what is long-term SVT and no long-term SVT???; what is intravenous PGI2?

“The acute complete success rate following the first procedure was 87% (26/30 SVT): 94% (17/18) in patients with AFL, 72% (8/11) in patients with AT: the results were presented differently in table 2.

Limitations:

“Second, we included data from an old era before the use of current treatments”: What are the current treatments????

“The survival rate in this study might be worse than the actual survival rate”???? not understanding.