Author's response to reviews

Title: Cardiac arrest associated with Sildenafil ingestion in a patient with an abnormal origin of the left coronary artery: Case report

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Author's response to reviews: see over
To
BMC Cardiovascular Disorders
Editorial Board Members

Re: Manuscript # 1514453859512893

Dear Dr. Shipley,

Thank you very much for your review and the possibility to resubmit our case report titled “Sildenafil-triggered cardiac arrest in a patient with an abnormal origin of the left coronary artery”.

We found your comments very helpful and have revised the manuscript accordingly. Below you will find a detailed response to the reviewers’ comments. In addition the changes are highlighted in the manuscript.

Best regards

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Response to Reviewer 1

“However, patients with known coronary artery disease using PDE5 inhibitors are at risk of developing myocardial infarction after receiving sildenafil due to prolonged and exaggerated vasodilatation and hypotension” was changed to “in combination with nitrates or calcium antagonists” A corresponding publication is now cited.
As suggested, we performed a literature research. To date, a study on the use of vasodilatators in patients with coronary anomalies is not available. The patient had not taken a vasodilatating medication before. He was not engaged in sports and was suffering from a vascular-type erectile dysfunction.

Patients with coronary anomalies usually become symptomatic in their childhood or adolescence. Thus, our patient was relatively old. The relatively late age of our patient might indicate that sildenafil as a trigger was necessary to induce a perfusion deficit.

Except from a vascular-type erectile dysfunction, he had no previous medical history and no familial history of cardiovascular disease or sudden death. The patient did not take a regular medication. This is now given in the manuscript.

Reference ranges for troponin, CK, and CK-MB are now given.

Initially, the ejection fraction was 46 percent. After 6 months, ventricular function had recovered, echocardiography showed an ejection fraction of 54 percent.

“Impotence” was replaced by “erectile dysfunction”.

Response to Reviewer 2

coronary enzymes” was changed to “cardiac enzymes”

A proximal ligation was not performed

“impotence” was replaced by “erectile dysfunction”

“und” was changed to “and”

In addition, the manuscript was revised by a native speaker.