Author's response to reviews

Title: Loss of ectonucleotidases from the coronary vascular bed after ischemia-reperfusion in isolated rat heart

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Author's response to reviews: see over
May 29, 2013  
The Editorial Team  
BMC Cardiovascular Disorders  
Dear Editor,

Thank you for your E-mail of April 30, 2013 and for the referees’ comments concerning our revised manuscript entitled "Loss of ectonucleotidases from the coronary vascular bed after ischemia-reperfusion in isolated rat heart (MS: 8090299988569322)". According to referees’ comments, we further revised the manuscript. The revised points and our responses to referees’ comments are as follows.

Referee 1
Thank you for your valuable comments for our manuscript. According to your suggestion, we addressed a possible preconditioning effect of adenine nucleotides that were administrated before induction of ischemia in order measure the ectonucleotidase activity under normal condition, on the ischemia-reperfusion-induced loss of ectonucleotidase activity to expand the limitation sections (page 18, line 14-21). With respect to CK and troponin measurement, we do not have enough samples for further analyses of those parameters. In next experiments, we will perform the measurement of those markers as well as histological analysis.

Referee 2
Thank you for your suggestions to revise our manuscript. According to your suggestions, the following revisions have made.
1. Experimental animal subsection was added in Methods section to explain how many animals were used for experiments (page 5, line 8-16).
2. Numbers of animals used for control and ischemia reperfusion was indicate as (n = 5) in the legend of Figure 3 (page 23, line 26 and page 24, line 3).
3. Fig. 3 C showed the levels of adenosine metabolites after administration of adenosine as substrate. Since this experiment was done after 30 min ischemia-reperfusion, endogenous adenosine, inosine and hypoxanthine were decreased to undetectable levels.
4. I defined the abbreviation APCP in legend of Fig. 5 (page 24, line 21).
5. As you pointed out, CD73 level in dot blot analysis was very faint as compared with CD39. However, the spot of post-ischemic sample was constantly higher than that in pre-ischemic sample. I addressed that CD73 level was very small in Result section (page 13, line 20).

I hope the revised manuscript will be accepted for publication in BMC Cardiovascular Disorder.

Sincerely yours,
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