Reviewer's report

Title: Percutaneous treatment of spontaneous left main coronary artery dissection using drug-eluting stent.

Version: 2 Date: 29 August 2014

Reviewer: Alfonso Jurado-Roman

Reviewer's report:

It is a very interesting case report of a spontaneous Coronary artery dissection (SCAD) affecting LM in a young woman. It is reasonable well written.

Major Compulsory Revisions
(The author must respond to these before a decision on publication can be reached.)

Figure 3: The quality of the image does not permit to distinguish the features of the lesion. Although the clinical profile (young women, without coronary risk factors, acute coronary syndrome, no other coronary lesions) suggests the possible diagnosis of SCAD, a thrombotic lesion cannot be discarded. Intracoronary image (IVUS, OCT) would have been very interesting. Describe in the text the angiographic findings that led you to final diagnosis and remark them in the image. If you can choose another angle of the angio (perhaps caudal views) bifurcation would be probably better shown.

Figure 5: Explain the angles of projections in the text. Remark with arrows/asterisks your descriptions.

Line 54: Define “primary”. If the Authors mean idiopatic or spontaneous, this term should be changed as it is expressed in the Title.

Line 55: Confirm the real incidence of LM affection in SCAD (probably more than 1%).


Line 69: It is remarkable that after a succesful initial thrombolysis, no Coronary angiography was performed during the first eight days. Explain the reasons for that management.

Line 123 Define “primary”. If the Authors mean idiopatic or spontaneous, this term should be changed as it is expressed in the Title.

Line 124 Confirm the real incidence of LM affection in SCAD (probably more than 1%).


Line 145: as antithrombotic treatment is controversial, try to explain more accurately the medical management of your case and link it to your discussion


Line 187: CABG as the most frequent management: Perhaps cases as yours of STEMI due to LM SCAD are nowadays mainly treated by PCI because the hemodynamic situation. In stable patients there is a growing trend to conservative treatment because dissections often seal spontaneously. Confirm and actualize these data (reference 14 is probably obsolete, year 2000).

Line 174: Discussion and specially revision of surgical management is too extensive.

Minor Essential Revisions
The author can be trusted to make these.

Line 56-58: “Although medical and...clearly defined”. Although the meaning of the sentence is understandable, try to improve the way to express it. It is better expressed in line 137.

Line 60: Left Coronary territory. Maybe change this expression to “LAD-Cx bifurcation involvement”

Line 85: “cardiac surgery consultation?”. Improve the expression.

Figure 6: Very interesting image.

Line 103: If possible explain with some detail the reverse mini crush technique (2 lines).

Line 109: Why don’t you perform follow up with MSCT Coronary angio? . Perhaps in these patients with special vessel fragility, if no new symptoms or ischaemia are developed, CT can offer very good quality images and a safer profile compared with cardiac catheterization.


Line 111: Conclusions? Did you mean discussion?

Line 155-158: The sentence starting with “The goals...diseccion” is redundant.

Line 161: Delete “high patency rates and”

Line 165: In the attempt to pass the wire to true lumen and avoid false one, do you think intracoronary imaging would be helpful? Try to remark it in your discussion.

Line 189: There are several cases of LM SCAD treated with stenting. However, due to the rarity of this entity, in my opinion it is very interesting to report all cases like this and describe the management that was used with detail.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests