Author's response to reviews

Title: Management and outcomes of acute ST segment elevation Myocardial infarction at a tertiary care hospital in Sri Lanka; an observational study.

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Author's response to reviews:

Editor
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Dear Sir,

MS: 1207603042148068

Management and outcomes of acute ST segment elevation Myocardial infarction at a tertiary care hospital in Sri Lanka; an observational study.

Thank you for comments on the above manuscript. Please find below a point-by-point list of the revisions as requested by the reviewers.

The manuscript has been copy edited by Edanz as advised by you.

The following revisions are in cooperated.

Reviewer: Mario Iannacombe

1. The mean duration taken to present to hospital is long (212 minutes) as compared to the median of 60 mins. This is due to several patients presenting very late to hospital. This is indeed a major set back in the management of STEMI in this country. Comparable figures are reported by previous authors in Sri Lanka and this is explained in the text.

2. On follow up at 1-year 6 patients had new evidence of RWMA and 5 had new onset LV dysfunction (defined as EF% <40 at 1-year) Text has been revised to include this.
3. The prevalence of hypertension and diabetes mellitus in the general population is 23.7 and 10.8% respectively. Background prevalence of IHD is unknown. Unfortunately most patients would discover they have risk factors when they present with an ACS due to poor screening facilities in the community. Text revised to include an explanation.

4. Of the 11 patients who were eligible for thrombolysis, but were not thrombolysed, 3 had absolute or relative contraindications. For 8 patients the reason is not documented. This is now included in the results and discussion.

5. One patient developed GI bleeding following thrombolysis. This is now included among the complications.

6. Mean EF at discharge is added to the text.

7. Statistical analysis on associations of death at one year, added to the text.

Reviewer: Sebastiano Gili

1. A mean DNT of 129 minutes was seen among the patients dead at one year. The corresponding DNT of those alive was 92 minutes and the difference was not statistically significant. (Included in the text) Statistical analysis included as advised.

2. Drugs administered on admission, discharge and during follow up included in the text as advised.

3. The data pertaining to the high percentage of people not undergoing thrombolysis discussed in the discussion and as a limitation of the study.

4. LV dysfunction defined and the limitations discussed.

5. Data on thrombolysis complications Included.

6. Six patients had been re-admitted for cardiac related issues. Included in the results now.

7. Grammatical errors corrected.

Yours sincerely

Dr. Arjuna Medagama