Reviewer's report

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

Version: 2 Date: 5 December 2014

Reviewer: Mario Iannaccone

Reviewer's report:

Major Compulsory Revisions
1) mean duration taken to present to hospital after symptom onset 212 min is a strange value compared with a median of 60 min.
2) Imaging evidence of new loss of viable myocardium, or new regional wall motion abnormality is an important point in the myocardial infarction definition, this was not included in the methods or in the results.
3) There is a low prevalence of hypertension in your population, and in general less CV risk factors, this should determine an inferior prevalence of ACS. Is it true?
4) Why The eleven patients who were eligible for thrombolysis but were not thrombolysed?
5) There were hemorrhagic complication due to thrombolysis?
6) it would be interesting to know the mean ejection fraction at discharge in your population.
7) you should assess at least a simple statistical analysis to link factors correlated to death during follow-up generally statistical analysis is not satisfactory

Minor Essential Revisions
1) there are several grammatics mistake.
2) it is interesting to know the prevalence of juvenile ACS.

Discretionary Revisions:
I would be interesting to know the STEMI incidence in Sri Lanka population in

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests