Author's response to reviews

Title: A systematic review of intravenous gamma globulin for therapy of acute myocarditis

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Author's response to reviews:

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Re: MS 1379753363898719

Dear Editor,

I am submitting the revised version of this manuscript. The reviewers comments have been addressed as follows:

Reviewer 1 (Bernhard Maisch) - June 24, 2004

We agree that our study does not help the reader to determine if intravenous immunoglobulin (IVGG) is effective for acute myocarditis, but it does save the reader the time involved in trying to find a definitive study in the literature as to whether they should use IVGG in a given patient. There are no previous reviews that summarize the evidence to date for use of IVGG in myocarditis.

Major compulsory revisions

1. We now clarify in the discussion that the Dallas criteria have been superseded by the World Heart Federation criteria, and briefly outline the criteria.

2. We emphasize in the discussion that there should be increased efforts towards making a microbiologic diagnosis early in the course of myocarditis, as there is an increasing array of antimicrobials that may be effective.

Reviewer 2 (Daniel Levi) - July 27, 2004

We agree that one of the limitations of our study is that some of the patients in the reports may not have even had viral myocarditis. We try to be more consistent with the nomenclature we use - clarifying that we included only cases of acute myocarditis with presumed viral etiology (versus autoimmune disease or...
We agree it would have been very helpful to report on which type of patients responded to IVGG. However, since all the reports in the literature other than the single randomized trial and the one case report mentioned only patients with a favorable response, this is not possible to do. We contacted the author of the randomized trial in October, 2003 to see if there was a sub-group of patients who appeared to respond better to IVGG, but he was not able to identify such a group.

Major Compulsory Revisions

Table 2 now outlines the ages of subjects, the endomyocardial biopsy results, the results of the viral studies, and the timing of administration of IVGG for all cases where this information is available. The weights of the patients were not available. Cardiac catheterization and echocardiographic data are reported in different ways in the studies, so it becomes difficult to fit this data into a table. Because the reports are mainly of patients who responded to IVGG, such data would not be very useful in demonstrating which patients are most likely to benefit.

We agree that for future trials, it would be most useful if we could identify a subgroup of patients who are most likely to respond to IVGG. However, unfortunately we could not do so from the available data, and now mention this in the final paragraph.

Table 2 is difficult to read in the current format as there is a large amount of text in some of the narrow columns. We tried to improve the spacing of the columns.

As suggested, we have emphasized in our conclusion that there needs to be a large randomized controlled trial.

Yours sincerely,

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