Reviewer's report

Title: Dobutamine stress echocardiography for assessing the role of dynamic intraventricular obstruction in left ventricular ballooning syndrome.

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Reviewer: emilio pasanisi

Reviewer's report:

The manuscript well described the role of dobutamine stress echo in the identification of cathecolaminergic induced cardiomiopathy and apical ballooning development.

The authors well describe the presence of septal hypertrophy that is, per se, responsible of subaortic gradient development. The specificity of dobutamine stress echocardiography in the identification of patients with potential sub aortic dynamic gradient is too low, although, its potential role in etiology of LVBS remain intriguing.

 Nonetheless authors should address a few issues:

1. In the paragraph “dobutamine stress echocardiography”: to better assess viability and/or ischemia in patients undergoing dobutamine stress echo betablocking therapy should be withdrawn more than 24 hrs before the test;
2. please the LV segmentation should be assessed on a 17-segment model;
3. please explicit the criteria for stress echo positivity;
4. please explicit criteria for viability identification during dobutamine stress echo;
5. please specify TFC.

In the “RESULTS” and “dobutamine stress echocardiography”:

6. please explain why during dobutamine stress echo it is normal that end diastolic volume during stress is less than basal one;
7. is there any correlation between stenosis on LAD and stress echo positivity? Is there any ECG modification during dobutamine stress compatible with artery spasm induced by dobutamine and wall motion abnormalities in apical region?

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