Reviewer's report

Title: Acute left main coronary artery thrombosis due to cocaine use

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Reviewer: Federico Piscione

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This is an appealing paper, concerning an interesting issue in the field of acute coronary syndrome even if it’s not really original). Nevertheless, there are some issues to clarify.

In patients with STEMI who cannot be offered primary PCI, the gold standard reperfusion therapy with 90-120 minutes from symptom presentation, a routine invasive strategy applied early after fibrinolysis is associated with a significant reduction of reinfarction and recurrent ischemia in the first month after STEMI. The benefit of early PCI after fibrinolysis is not associated with a significant increase in bleeding events compared to standard therapy and persists at 6-12 month follow-up. These findings call for a change in the current conservative attitude to wait the response to treatment in patients receiving fibrinolysis, and prompt the organization of an appropriate network for rapid transfer to PCI centres also of those patients who for logistic reasons cannot undergo primary angioplasty. You should stress in discussion session that this would have been the correct behaviour in this case.

How long was the time window among the coronary angiography and the CABG? Please, discuss the results about an urgent CABG during an acute myocardial infarction.

You report that CABG is better than PCI in actively using cocaine patients because of the post PCI risk of stent thrombosis in the early and late post implantation phase. To confirm this finding, please extend the patient follow up.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests