Author's response to reviews

Title: Spontaneous coronary artery dissection in a young man Case report

Authors:

Julia Schmid (julia.schmid@khbr.at)
Johann Auer (johann.auer@khbr.at)

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Author's response to reviews:

Dear Editor,

We thank both reviewers for their thoughtful comments.
We have revised our paper in accordance to the reviewer’s suggestions.
We performed the following changes:
We have revised the statement “non-specific repolarisation abormalities…”
We have added long term management of this patient.
“Post-discharge treatment included dual antiplatelet therapy (aspirin 100 mg daily temporally unlimited, clopidogrel 75 mg daily for 12 months) in combination with phenprocoumone (international normalized ratio 2 to 3) for 3 months due to the left ventricular thrombus.”
We have added a paragraph to discuss our decision about utilization of GPIIbIIIa inhibitors.
“We did not use a GP IIb/IIIa inhibitor in the present patient because of clinical success with dual antiplatelet therapy and heparin and risk-benefit calculation with respect to the recent stoke. However, utilization of a GP IIb/IIIa inhibitor would have been our bail-out-strategy.”
The cause of the stroke 3 months ago remains unclear. Vascular spasm, dissection or embolism might have caused the cerebrovascular event. Prior examinations did not elucidate the definite cause of stroke.
We have added the duration of drug abuse in the abstract line.
We have corrected the spelling of Ehlers-Danlos disease.
We have added a paragraph that explains, why we did not use IVUS in the present patient.
“We did not utilize IVUS in the patient presented in this report because angiographic assessment revealed high diagnostic accuracy. We did not expect further information from additional imaging that might have changed clinical
decision making.”

Sincerely yours,

J. Schmid, MD

J. Auer, MD, FESC, Professor of Medicine and Cardiology