Reviewer's report

Title: An unusual case of giant cell myocarditis missed in a Heartmate-2 left ventricle apical-wedge section: a case report and review of the literature.

Version: 1 Date: 17 October 2012

Reviewer: Bernard Cantin

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Major Compulsory:
As this is an interesting case report, there should be focus on a few things.
1. Although the authors correctly question the initial diagnosis and suggest that GCM may have been present from the onset, I do not agree with the suggestion that GCM has a 'normal' course post-transplant. It is well known that GCM requiring mechanical support has a poor prognosis.
2. Typically GCM is known for fulminant heart failure and arrhythmias. The authors describe autopsy findings of very significant coronary disease. A deeper discussion of the patient's post-op course may be warranted to help understand this unusual finding. This discussion should also address the odds of such findings in non-GCM transplant patients.

Minor Essentials
1. The obvious language issues.
2. Page 3 I do not think that an EF improving from 10% to 45% should be qualified as 'some improvement'. Further, I rarely see HM-II patients with a NYHA class of I???. These devices are for support not improvement! If she was indeed class I, further documentation is warranted.

Discretionary
None

Level of interest: An article of importance in its field

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

Declaration of competing interests:
I recently accepted conference honoraria from Montreal Heart Institute.
Most of the authors on the manuscript are known to me and I consider at least 2 of them (Drs Carrier and Ducharme) as friends.