Reviewer's report

Title: Correlation between delayed-enhancement magnetic resonance and nitrates myocardial Tc-99m tetrofosmin scintigraphy in myocardial infarction: a case report

Version: 2 Date: 24 July 2007

Reviewer: Flavio Ribichini

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

In this manuscript Feola et al described the case of a 71-year-old male admitted for ischemic-like chest pain in which two different imaging methods (post-nitrate Tc-tetrofosmin myocardial SPECT and delayed enhancement cardiac MRI) agreed in demonstrating: a) the presence of non-viable myocardium; b) the size and site of the ischemic lesions. This case report highlighted the utility of post-nitrate myocardial SPECT and DE cardiac MRI to identify non-viable myocardium in a clinical setting.

The manuscript highlights the utility of post-nitrate myocardial SPECT and DE cardiac MRI to identify non-viable myocardium. The use of oral rather than iv nitrates is innovative, and seems to be as effective as the i.v administration, which appears to be an attractive new method.

The images appeared to be explicative and adequately described.
Revisions necessary for publication

Description of ECG: after fig 1 I would suggest "that may indentify either a non-q wave myocardial infarction, or a pericarditis"

In this specific point, the authors should exclude such a diagnosis. Indeed, the ECG and the temporal presentation, together with the finding of pleural effusion strongly support this second diagnosis, which does not preclude the former. Does MRI helps in this? Are laboratory data available to rule out/confirm pericarditis?

Case presentation: line 14 of the text, 12 minutes not minute.

Last sentence, medical treatment was continued as the therapeutic option instead of started. (I assume some medical therapy was started before).

Discussion: I understand that the authors mean "reperfusion therapy" instead of revascularization procedures.

The comment about the OAT study needs to be re-worded.

In the conclusions I would add "oral" postnitrate.

What next?: Accept after minor revisions

Quality of written English: Acceptable