Author’s response to reviews

Title: Ventricular tachycardia after administration of sildenafil citrate: a case report

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Author’s response to reviews: see over
Dear Sir

Please find enclosed a revised version of the manuscript entitled “Ventricular tachycardia after administration of sildenafil citrate: a case report” by Jeppe Grøndahl Rasmussen, MD, Egon Toft, MD, DMSci and Ole Frøbert, MD, Ph.D. We hope you will consider the manuscript for publication in The Journal of Medical Case Reports.

We believe that the present manuscript draw attention to a possible adverse effect of sildenafil citrate, in the interest of the general reader of The Journal of Medical Case Reports.

In the following we address the comments given by the reviewers:

Reviewer: 1

We thank the reviewer for constructive criticism and helpful comments.

Comments to the authors

It would be greater to have a 12 lead ECG of the non-sustained VT induced at EP study to demonstrate identical morphology to the clinical VT.

We regret that it is not possible to provide a 12 lead ECG of the non-sustained VT induced at the EP study. This is due to complications with the EP study equipment which was upgraded as the EP study was conducted. This meant that there were problems saving the entire EP study to the hard disk. Regrettably we could not reconstruct the entire 12 lead ECG.
Comments to the authors
Quality of written English: Needs some language corrections before being published.

We have made language corrections throughout the text:

p. 2 l. 14-16 from original text: “We describe a case of a young man, with no cardiac history or family history of heart disease or sudden death, developing sustained ventricular tachycardia after ingestion of sildenafil citrate.” To new text: “We describe a case of a young man with no cardiac history or family history of heart disease or sudden death, developing sustained ventricular tachycardia after ingestion of sildenafil citrate.”.

p. 2 l. 21-22 from original text: “In August, 2006, a 41-year-old man was transferred after an episode of sustained monomorphic ventricular tachycardia (VT).” To new text: “In August, 2006, a 41-year-old man was transferred after an episode of sustained monomorphic ventricular tachycardia (VT).”

p. 3 l. 10-12 from original text: “Resting ECG, bicycle ergometer exercise testing, echocardiography with tissue Doppler imaging, coronary angiography and nuclear magnetic resonance scanning were all normal.” To new text: “Resting ECG, bicycle ergometer exercise testing, echocardiography with tissue Doppler imaging, coronary angiography and cardiac nuclear magnetic resonance scanning were all normal.”.

p. 4 l. 16-19 from original text: “The time from drug ingestion to death or onset of symptoms leading to death was <5 hours for 44 men, later the same day; 6, the next day; 8, two to seven days later; 9 and unknown for the remainder.” To new text: “The time from drug ingestion to death or onset of symptoms leading to death was <5 hours for 44 men, later the same day; 6 men, the next day; 8 men, two to seven days later; 9 men and unknown for the remainder.”.

Reviewer: 2
We thank the reviewer for constructive criticism and helpful comments.
Comments to the authors

General

We have a patient that clearly has a tendency to get recurrent VT, despite a normal heart. The first clinical presentation was closely associated with taking a sildenafil tablet. However this does not mean sildenafil caused the VT. The reasons are as follows.

1. The patient got 2 further VT episodes from ICD monitoring presumably not taking any further sildenafil.
2. The VT induced following sildenafil was not identical to the spontaneous one. We are only shown 3 limb leads and the axis was similar, but not identical.

I think the case report is suggestive of a link with sildenafil and that it may lower the VT threshold in a patient prone to spontaneous VT. Need to comment on why further VT episodes occurred if not caused by sildenafil.

We agree that we cannot prove that the ingestion of sildenafil citrate alone caused the patient to experience sustained VT.
We changed the original text from (Discussion p. 5 l. 1-4): “We conclude that our patient had no confirmable cardiac condition other than VT. The hypothesis, that this patient experienced VT as an adverse effect of sildenafil citrate administration, cannot be dismissed.”

To new text: “We conclude that our patient had no confirmable cardiac condition other than VT. The hypothesis, that this patient, with documented episodes of non-sustained VT, experienced an episode of sustained VT caused by sildenafil citrate lowering the VT threshold, cannot be dismissed.”

All authors have read and approved submission of the revised version of the manuscript, the manuscript has not been published and is not, as a whole or partly, being considered for publication elsewhere in any language.
The patient whom this manuscript involves has given informed consent prior to submitting this manuscript.
Yours sincerely

Jeppe Grøndahl Rasmussen, MD