Author's response to reviews

Title: Myocardial infarction with normal coronary arteries, past knowledge with ongoing unresolved issues: a case report

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Version: 4 Date: 30 October 2008

Author's response to reviews: see over
Rome October 28, 2008

To:
The JMCR Editorial Team,

Re: MS 1176606529227063 point-by-point response

Dear Editor/s,

Thank you for your email concerning the decision of the above mentioned manuscript. Please find a point-to-point reply to the comments raised by the Reviewers.

Reviewer 1.

Point 1. …the authors followed some of the guidelines for the management of the condition described.

Reply. We followed the last available American Heart Association/American College of Cardiology guidelines. The referee should have suggested which other guidelines are available to use in this condition.

Point 2. …to prove that the coronaries are free of disease multislice CT is not the gold standard for the diagnosis of coronary stenosis...

Reply. We agree that the gold standard for imaging coronary circulation is angiography. However, it should be considered that MSCT, non-invasively, provides high resolution and highly accurate coronary angiograms to rule
out coronary atherosclerosis (Reference 7). In addition, its high negative predictive value for exclusion of significant coronary artery stenosis approaches 100%.

Point 3. …in my experience, it is useful for the assessment of proximal calcified coronary lesions.

Reply. Actually, we should prefer to look to evidence based- instead of “my experience”-based medicine.

Point 4. In expert hands the risk is very low.

Reply. We agree with the Referee but low risk does not mean zero-risk. On the other hand, in not-expert hands the risk increases proportionally. We have discussed this case just in the context of real clinical practice where at least two problems limits the access of a patient to high output angiography centers: i) case selection; ii) unavailability of one of these centers near the patient’s home. In this context, MSCT is a valid and not-invasive alternative to angiography.

Point 5. Also the decision to stop aspirin is based on a non totally proven assumption.

Reply. The decision to stop aspirin was based on a clinical reasoning using a probabilistic approach algorithm.
Reviewer 2.

*Point 1. The reviewer suggests the paper reviewed by a native English speaker.*

Reply. The manuscript has been reviewed by a native English speaker.

*Point 2. Last paragraph before conclusion seems too informal.*

Reply. That paragraph has been eliminated.

*Point 3. A proposed etiologic explanation.*

Reply. Due to space limitation, we based discussion on clinical management based on current guidelines instead of focusing on etiology.

Sincerely,

, M.D.