Reviewer's report

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

Version: 3 Date: 28 October 2008

Reviewer: Marco Scarci

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The case report appears to be well researched and the authors followed some of the guidelines for the management of the condition described. In my opinion, nevertheless, the based their conclusion on a not totally proved assumption. Their patient had an inferior MI 10 years ago and she presented with inferior akinesis on the echocardiogram. The non invasive investigations (i.e. stress echo) showed no sign of inducible ischemia. In my modest opinion that is not significative, in fact you can get that in a patient with a scarred inferior wall. In order to prove that the patient's coronaries are free of disease they used a multislice CT scan. Now that is not the gold standard for the diagnosis of coronaries stenosis and also, in my experience, it is useful for the asessment of proximal calcified lesions. In consideration of the previous history of the patient (inferior MI thrombolised) I
would have advised for her to have a diagnostic angiogram. In expert hands the risk is very low. Also the decision to stop the aspirin is based on a non totally proved assumption.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests