Author's response to reviews

Title: Tako-tsubo cardiomyopathy after administration of ergometrine and subsequent caesarean delivery: a case report

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Author's response to reviews: see over
Dear Reviewer,

Thank you for your helpful comments regarding our case report "Tako-tsubo cardiomyopathy after administration of ergometrine and subsequent caesarean delivery".

Enclosed please find the revised version of this case report and an explanation of where changes have been made. We hope that you will find our revised case report suitable for publication.

Sincerely yours

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Comments of Mr. Georgios Stathopoulos:

1. In the discussion, it should be briefly explained how MRI was used for the diagnosis (eg, dyskinesia of the LV extending beyond the vascular bed of a single coronary artery and no delayed gadolinium enhancement) and how it ruled out STEMI.

Response:
We include the role of MRI for diagnosis and exclusion of myocardial infarction:

“In CMR dyskinesia of the left ventricular extending beyond the vascular bed of a single coronary artery and no delayed gadolinium enhancement were seen. A myocardial infarction was excluded by absence of necrosis and ischemia.”

2. The case presentation needs thorough linguistic editing, as many grammar and syntax errors flaw the presentation.

Response:
The case report is in view of grammatical and syntax errors revised.
3. The presented case is not typical and probably presents atypical or inverted ABS. This specific presentation and its pathogenesis (eg, recovery phase of typical ABS?) should be briefly discussed (see Prasad A et al, Am Heart J 2008;155:408-17).

Response:
The pathogenesis of this atypical pattern is discussed as recommended further:

“It is suggested that the atypical version is a manifestation of early recovery of function at the apex in typical tako-tsubo CMP with apical ballooning (2).”

4. In a final paragraph of the case presentation (before the discussion), the authors should state all the diagnostic criteria they applied, in reference to authoritative literature: eg, the diagnosis was based on epidemiologic data, absence of previous history and risk factors, ECG changes, mild cardiac enzyme elevation, and MRI findings of ... etc. This would help the alien reader familiarize with ABS.

Response:
As recommended by the reviewer we added all diagnostic criteria:

“The diagnosis was based on anamnestic data with absence of cardiovascular risk factors, mild cardiac enzyme elevation and CMR findings of midventricular hypokinesia without necrosis and ischemia.”

Comments of Mr. Yun Wong:

1. Grammatically there are a few errors in the report and I believe it may be beneficial for the authors to correct these.

Response:
The case report has been grammatically revised.

2. I feel it would be appropriate to document any further blood test results or investigations i.e U+E and US kidney to rule out flash pulmonary oedema from renal artery stenosis.

Response:
Ultrasonography of the kidney and other abdominal organs showed no abnormalities. Unfortunately, a renal duplex sonography was not performed. However, creatine clearance
(>90ml/min) was normal. Considering the elevated NT-pro BNP value (3900pg/ml) and initially reduced left ventricular function (EF 38%) the lung edema is most likely caused by the tako-tsubo CMP.

3. In the conclusion, the authors need to show more appreciation for the release of catecholamines during child birth.

Response:
We agree with the reviewer and already discussed the role of sympathetic overactivation in diussion. The release of catecholamines during the child birth could have contributed to the development of tako-tsubo CMP.