Reviewer's report

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

Version: 2 Date: 1 February 2010

Reviewer: Georgios Stathopoulos

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

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?: 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

Is the anonymity of the patient protected?: Yes

Comments to authors:

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

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COMMENTS TO AUTHORS

With interest I read the above-referenced manuscript describing a case of Tako-tsubo cardiomyopathy after administration of ergometrine and subsequent
caesarean delivery. The case report is concise, informative, and holds clinical and educational value. The association of apical ballooning syndrome with administration of ergometrine and caesarian delivery is important, since millions of young women undergo this procedure annually. Hence the incidence of this under-recognized condition could be tremendous, and improvements in recognition and treatment could improve perinatal maternal morbidity and mortality. Importantly, this and other similar case reports could result in limitations or greater caution when applying ergometrine and other related alcaloids, potentially responsible for the condition.

The case is convincingly documented and adequately presented. Although cardiac catheterization was not done, which is the major drawback of this case, cardiac MRI convincingly showed dyskinesia of the LV extending beyond the vascular bed of a single coronary artery and no delayed gadolinium enhancement, facts sufficient to rule in ABS.

However, the overall presentation could be further improved by revisions to the original manuscript, as detailed below:

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.

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

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).

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.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

'I declare that I have no competing interests'