Author's response to reviews

Title: Recurrent takotsubo cardiomyopathy in the setting of transient neurological symptoms: a case report

Authors:

Muhammad R Sardar (msardar@montefiore.org)
Catherine Kuntz (kuntzc@mlhs.org)
Jeremy A Mazurek (jeremy.mazurek@gmail.com)
Naveed H Akhtar (nha2002@med.cornell.edu)
Wajeeha Saeed (wsaeed@montefiore.org)
Timothy S Shapiro (shapirot@mlhs.org)

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Author's response to reviews: see over
To the Editors:

On behalf of all the authors, I am pleased to re-submit a revised version of our case report [MS: 1692341538508054] entitled, “Recurrent takotsubo cardiomyopathy in the setting of transient neurological symptoms”.

We have carefully reviewed the reviewers’ comments and appreciate their helpful input and advice. As requested, a point-by-point response is found below.

Thank you again for your consideration of this work and I look forward to hearing from you in the near future.

Sincerely,

Jeremy A. Mazurek, MD
Department of Internal Medicine
Jacobi Medical Center
Albert Einstein College of Medicine
Bronx, NY, USA

Point-By-Point Response:

Reviewer 1: Thank you for your positive and insightful review. We have attempted to take all your comments into account and modify our manuscript accordingly.

The particular aspect proposed by Sardar et al in their report seems the presentation of TT and CHF syndromes in response to relatively mild, aphasia and ataxia, and transient neurological symptoms in both cases. This clinical aspect should be more extensively stressed in the discussion session, probably at the expense of etiologic considerations, already extensively proposed in many previous papers.

Thank you for this comment. In order to better highlight the possible neurocardiogenic etiology of TTC in this patient, we have removed the sentence about other proposed mechanisms of TTC from the discussion section. In so doing, it has allowed the discussion to solely focus on the neurological basis for the development of TTC even in the setting of fleeting neurological symptoms.

The TT recurrence rate seems not to be so low since has been reported up to 9% in the paper by Sharkey et al (Circulation 2005); moreover it could be
underestimated due to the still uncomplete knowledge of this syndrome. This concept could also be introduced in discussion.

We have revised the discussion and added a reference to reflect the variable rate of recurrence based on the current literature.

Finally, instead showing two similar sets of echocardiographic images, an ekg tracing could me more appealing.

After reviewing the EKG from this patient’s two admissions, we feel that the inclusion of the EKG image will not be of additive value beyond what has already been described in the text. The inclusion of both echocardiographic sets, we feel emphasizes the development and resolution of TTC during and after both presentations.

Reviewer 2: Thank you for your complimentary review and your helpful comments. We have amended the manuscript to reflect your recommendations.

In the case presentation paragraph 2 it would be helpful to include any history of emotional or physical stress before symptom onset.

Based on your suggestion, we have included a sentence about the absence of preceding physical or emotional stress at the end of the first paragraph of the “case presentation” section.

In the discussion paragraph 2 include the incidence of TC recurrences in previous series. In that same paragraph I would include aborted MI as one of the theories for the etiology of TC (2,3).

We have moved the sentence detailing the proposed etiologies of TTC from the discussion to the introduction of the manuscript as requested by another reviewer to shorten the discussion text related to previously known etiologies of TTC and to simultaneously highlight the possible neurological mechanisms of TTC. In the new sentence in the introduction, we have included aborted MI as a possible etiology of TTC and have included a new reference.