Reviewer’s report

**Title:** Apical myocardial infarction with bizarre coronary images mimicking left ventricular apical ballooning syndrome: a case report

**Version:** 2  **Date:** 26 December 2013

**Reviewer:** John Silberbauer

Which of the following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: No

Is the anonymity of the patient protected?: Yes

**Comments to authors:**

Reviewer Comments

Minor issues

1. The patient was hypertensive on admission. Also the epicardial arteries appeared tortuous, a feature seen in longstanding hypertension. This is a known risk factor for coronary artery dissection. Perhaps this should be mentioned later or not depending on whether the patient remained hypertensive or needed ongoing treatment for hypertension.

Minor issues not for publication

1. Abstract, case presentation: should read either 'the initial coronary angiogram'.
The same change needs to be made later within the same paragraph - 'relieved before the coronary angiogram'.

2. Introduction, first paragraph: should read 'However, coronary angiography'

3. Case presentation, 2nd paragraph: change 'emergent' to 'emergency'.

4. Case presentation, paragraph 3: Change 'We started the continuous venous injection of 2 mg/hr of nicorandil until the next day and the oral administration of both aspirin and calcium blockade' We started continuous intravenous infusion of Nicorandil at a rate of 2mg/hr and oral administration of aspirin and calcium blockers.'

5. Case presentation: Change 'Creatine phosphokinase was maximal 1,073 mg/dl the next day' to 'Creatine phosphokinase was maximal at 1,073 mg/dl the next day.'

6. Case presentation: Change 'We followed up echocardiography every 2months after discharge. Wall motion at the localized left ventricular apex continued to be hypokinesis throughout these periods. This finding is also discrepant to that seen in LVBS which wall motion is reversible. After 5 months from acute phase, she received follow-up CAG' to 'Follow-up echocardiography was undertaken 2-monthly post-discharge the left ventricular apex remained hypokinetic throughout. This finding is discrepant with LVBS whereby the wall motion defect is reversible. After 5 months from the acute phase, she received follow-up CAG'.

7. Discussion, paragraph 3: Change 'We have not found any risk factors or abnormal conditions but the possibility of coronary vasospasm in this patient.' to 'We did not identify any pre-disposing factors for SCAD in this patient'.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.