Author's response to reviews

Title: Coronary intervention for acute coronary syndrome in a 51-year-old male patient with immune thrombocytopenic purpura: a case report

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Version: 4 Date: 9 April 2014

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Object: Coronary Intervention for acute coronary syndrome infarction in a 51-year-old male patient with immune thrombocytopenic purpura: a case report.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments

Reviewer 1 (Dr. Hüseyin Ayhan)
Which of the following following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases
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?: Yes
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:
Your case report is rare in cardiology. But you should correct same minor revisions;
1- full title should be shortened.
   Done

2- All of the grammatical errors should be corrected.
   Done

3- All of the abbreviates were corrected. you did not use abbreviate correctly.
   Done

4- you mentioned in introduction primary prcutaneous intervention but the case non-st eleve myocardial infarction. this dilemma must be clarify.
   This dilemma was represented in this case report. Because the patient had very high risk. There were persistan angina and ECG changes .
   4- What does ABD mean?
   Done

Quality of written English: Needs some language corrections before being Published
Done

Declaration of competing interests:
I declare that I have no competing interests

Reviewer 2

Comments to authors:
This case report by Prof. Bora Demircelik is focused on a patient with concomitant acute myocardial infarction and idiopathic thrombocytopenic purpura. Despite the uncommon, but possible, situation, we found a good pharmacological approach to this patient. However from the description we find that the patient is a smoker and no more details are provided to include or exclude other risk factors. Also it is difficult for us to understand why the authors didn’t attempt radial approach in order to minimize the risk of bleeding. Conclusions are not exhaustive, not providing the final message they want to launch. My idea is that the case is only an association of circumstances not adding anything new: the patient received correctly an urgent angioplasty (it’s obvious that a such kind of patient should undergo to PCI). However there is no description about the type of plaque (presence of thrombotic stratification or only a stenosing plaque?) which could making the case more interesting. In conclusion this case might be interesting if it were described in a more comprehensive way, focusing on its particularity and making better conclusions.

As femoral approach was preferred , Allen test was positive in both upper extremities .
Type of plaque was described.
Patients data was represented in terms of risk factors.
Discussion was boarden.

Declaration of competing interests: