Reviewer’s report

Title: Persistent Unexplained Chest Pain and Dyspnea in a Patient With Coronary Artery Disease: A Case Report

Version: 0 Date: 12 Jul 2019

Reviewer: C. T. Paul Krediet

Reviewer's report:

This is an important case that highlights that cardiopulmonary symptoms may be caused by neurogenic orthostatic hypotension and should picked up as early as possible during diagnostic work-up to prevent unnecessary (invasive) tests. This is currently known by too few attending physicians in the field of cardiology and pulmonology. The author is applauded for writing this case report.

So, although I don't doubt that the basic conclusion in this case (i.e. nOH as a cause of symptoms) is correct, on the etiology both carvedilol and especially citalopram may cause (mimic) autonomic failure. If symptoms persisted after discontinuation then Parkinson's is fully credible as overall diagnosis.

As a take home message I would suggest that patients who present with neurogenic orthostatic hypotension are to be referred to a neurologist to test for other autonomic symptoms and/or provide evidence for underlying neurodegenerative disease.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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