Author’s response to reviews

Title: Glucose levels as a prognostic marker in patients with ST-segment elevation myocardial infarction: a case-control study

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Reviewer reports:

Reviewer #2: The authors have tried to justify the concerns raised by the reviewers with the existing data only. However, the addition of HBa1c data is being appreciated and clearly improves the quality of the manuscript.

But, following concerns needs to be addressed before the publication:

1. Authors should discuss the novelty and relevance of the response "exactly the glucose level when admission is reviewed as a peculiar universal marker of poor prognosis" with proper literature cited in the manuscript

Answer: In the interpretation of the obtained results the role of postprandial hyperglycaemia as an independent factor of poor prognosis is discussed, particularly with quotation of DECODE study results - Is fasting glucose sufficient to define diabetes?

2. I still think without proper statistical measure showing U shaped correlation is far extrapolation. They should remove the figure from the main manuscript and should only discuss this as a trend observed from this study. Tha wouldt make more sense.

Answer: Thank you. The comment is accepted, the corresponding data are removed from the article.

3. In table 3, the significance level of CHF and unstable angina is more compared to MI. Authors should comment and discuss this finding in the manuscript.

Answer: We establish the given feature when comparing the groups with the presence and the absence of hypoglycaemia during the inpatient treatment stage. At the same time there is no convincing data that repeated myocardial infarctions occurred statistically significantly more often than the episodes of CHF decompensation or unstable angina in subjects with hypoglycaemia. In general the subjects with the presence hypoglycaemia episodes were characterized by worse long-term prognosis on the number of non-fatal cardiac events.