Reviewer’s report

Title: Left ventricular thrombus in a patient with cutaneous T-cell lymphoma, hypereosinophilia and Mycoplasma pneumoniae infection - a challenging diagnosis: a case report

Version: 3 Date: 25 November 2014

Reviewer: Richard W Asinger

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In my previous review, I raised the possibility that this case represented chemotherapy induced cardiomyopathy with reduced left ventricular function that led to a hospitalization for congestive heart failure and during the initial evaluation, a left ventricular mass was identified on transthoracic echocardiography. The entire clinical case with subsequent improvement in left ventricular function, change in size and characteristics of the left ventricular mass and other imaging modalities further clarified the mass as thrombus with embolization could easily fit with this diagnosis. I was disappointed that in the revision the authors failed to include this possibility.

The manuscript is much too lengthy for the points the authors make.

The fact that the patient was admitted with symptoms consistent with congestive heart failure and chest pain, initially diagnosed as a non ST segment elevation MI, and eventually had open heart surgery for removal of a left ventricular thrombus but did not have presurgical coronary arteriography. In my opinion this represents substandard clinical care.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

No conflicts of interest to declare