Author's response to reviews

Title: Iatrogenic left anterior descending artery stenosis early after aortic valve replacement presenting with T-wave-pseudonormalization - a case report

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Author's response to reviews: see over
Answer to reviewer’s report

Dear Jakob Dörler,

thank you for reviewing and recommending this case for publication. Your comments are useful and important to state certain circumstances more precisely. Below, I will reply to each of them in detail.

Minor revisions:

1) The results of standard laboratory tests were unremarkable. In particular, serial measurement of cardiac markers, including high sensitive troponin T, was negative. I have added this information on page 4, 2nd paragraph.

2) Echocardiographic evaluation was performed shortly after admission while the patient was free of symptoms. The findings did not show any changes compared to the postoperative examination, which means a good prosthetic valve function and a normal left ventricular ejection fraction without any abnormal regional wall motions. Due to limited resources and the short duration of symptoms, it was not possible to perform an echocardiographic examination during episodes of myocardial ischemia, which could have shown possible abnormal regional wall motions. I have added the findings of the echocardiographic evaluation on page 4, 1st paragraph.

Discretionary revisions:

1) The type of cannula that was used to administer the cardioplegic solution was a 3mm coronary artery perfusion cannula with a 6mm balloon tip from CalMed Laboratories, Costa Mesa, CA, USA. I have added this information on page 3, 2nd paragraph.

2) The term ‘rehabilitation’ is used instead of ‘rehab’. Page 3, 2nd paragraph.
3) The first sentence of the final conclusion has been rewritten. I have tried to highlight the necessity of invasive management against the possibility of cardiac computed tomography as the next diagnostic step depending on existence or absence of dynamic ECG-changes. Page 6, 1st paragraph.

Best regards,

Stefan Schwarz