Reviewer’s report

Title: Acute Inferior ST-Elevation Myocardial Infarction (STEMI) Due to Delirium Tremens: A Case Report

Version: 1 Date: 25 Aug 2019

Reviewer: Thomas Burke

Reviewer’s report:

1. Do you believe the case report is authentic? Yes

Yes/No

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: The author states that informed consent was obtained from the patient and is available for review.

3. Does the Introduction explain the relevance of the case to the medical literature? Yes.

Yes/No

4. Does the article report the following information? Where information is missing, please specify.

   a. The relevant patient information, including:

      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes

   b. The relevant physical examination findings
c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:

- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments: Thank you for the opportunity to review this submission. I have reviewed my comments regarding the original submission and the revised submission. The expansion of the case presentation and the discussion greatly clarified the clinical course, particularly regarding the timing and possible causal connections of the cardiac event with alcohol withdrawal. The discussion of the findings at catherization, the time course of the ECG findings as they relate to the acute intervention, and the resolution or lack thereof in ECG changes correlated with the anatomy as demonstrated by catheterization greatly illuminate the various possible mechanisms. While the evidence and discussion do not make a definitive argument for any of the possible etiologies, they do provide an interesting differential diagnosis that will be thought-provoking for the reader.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? Yes.

Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below. Yes

Yes/No

7. Is the Abstract representative of the case presented? Yes.

Comments:
8. Does the case represent a useful contribution to the medical literature?

Comments: As noted above, while I think the findings and discussion are not conclusive regarding the etiology of the problem presented, they do expand the usual differential diagnosis and provide an interesting discussion of the various possibilities. This should prove valuable for the Journal's readers.

9. Additional comments for the author(s)?

**Level of interest**
Please indicate how interesting you found the manuscript:

An article of importance in its field

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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Please complete a declaration of competing interests, considering the following questions:

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Were you mentored through this peer review?

No