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Retrospective Study

Cardiac magnetic resonance in patients with acute cardiac injury and unobstructed coronary arteries

Dear Editor:

In according with the reviewers 00214286 we have provided

- 1: We have modified the table of patient population and we have added more information.
- 2: a description of pathology detected by ECG. ST-elevation, ST-depression, Q-waves, negative T-waves ect.
3. mean and standard deviation for the time duration between onset of chest pain and CMR.

The second paragraph of the Results section was re-do.

The authors mention characteristics of LGE patterns in regard to myocardial diseases. However, this is part of the Discussion section and not of the Results. 5.

Figure 2 is not a chronic dilated cardiomyopathy but a myocarditis.

More statistical analysis of the results was added

A. Tabular illustration of Diagnosis was added (Takotsubo/Subendocardial infarction/Myocarditis/No diagnosis by CMR) versus CMR and laboratory findings (Reduced LV-funktion/regional wall motion or perfusion abnormalities/Right heart dilatation/CAD-related LGE/non-CAD related LGE/apical ballooning sign/pericardial effusion/maximal rise of CK and troponins).

In according with the reviewers 01482015 we have revised the title as suggested . About the grammar we have requested a certificated review to filipodia as suggested by the editor. Clinical and echo follow-up at

one year didn't reveal major complication as now stated in the text. The proportion of these patients accounting for all of the patients with ACS occurred during the period is now described in the text.