

Dear Editor,

We sincerely appreciate the reviewer's input.

Reviewer 1 Comment:

Epidemiology should include reference to those in whom the diagnosis of peripartum cardiomyopathy has been a consideration. COMMENT: Likewise mechanisms should include possibility of those mechanisms at play in both preeclampsia and PPCM, such as angiogenic imbalance i.e. serum sFLT1, Placental Growth Factor, Vascular Endothelial Growth Factor; cardiotoxic prolactin metabolic fragments i.e. 16-kDA Prolactin. COMMENT: Differential diagnosis should include PPCM. COMMENT: Laboratory findings could be strengthened by adding the biomarkers, serum sFLT1, PlGF, VEGF, Normal and 16-kDA prolactin.

Response

Takotsubo cardiomyopathy (TC) has been described in pregnant women and is a differential diagnosis for peripartum cardiomyopathy in pregnant women. While the manuscript discusses epidemiology, pathophysiology and differential diagnosis for TC, a comprehensive review of these areas is beyond the scope of our article. PRIMARY FOCUS of our manuscript is the role of cardiac biomarkers in differentiating Takotsubo Cardiomyopathy from its principal differential diagnosis - acute coronary syndrome.

COMMENT: Epidemiology should include reference to those in whom the diagnosis of peripartum cardiomyopathy has been a consideration.

RESPONSE: We have included peripartum cardiomyopathy in the differential diagnosis.

COMMENT: Likewise mechanisms should include possibility of those mechanisms at play in both preeclampsia and PPCM, such as angiogenic imbalance i.e. serum sFLT1, Placental Growth Factor, Vascular Endothelial Growth Factor; cardiotoxic prolactin metabolic fragments i.e. 16-kDA Prolactin.

RESPONSE: As our article is focused primarily on TC, we feel this is beyond the scope of our article

COMMENT: Differential diagnosis should include PPCM.

RESPONSE: We have included peripartum cardiomyopathy in the differential diagnosis.

COMMENT: Laboratory findings could be strengthened by adding the biomarkers, serum sFLT1, PlGF, VEGF, Normal and 16-kDA prolactin.

RESPONSE: As the primary focus is differentiating TC from ACS, we feel discussing these biomarkers is not relevant to the main focus of the article.

We appreciate the reviewer's suggestions and hope the manuscript revisions and explanations are acceptable.

Sincerely

P Gopalakrishnan

MR Sardar