Dear Editor,

Please find enclosed the edited manuscript in Word format (revised manuscript 7968.doc).

Title: Headache: an unusual presentation of acute myocardial infraction

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The manuscript has been improved according to the suggestions of reviewers:

Reviewer 00227341
We would like thank you for reviewing our manuscript. The following changes have been performed according to your useful recommendations/notifications:

1. Has the patient risk factors , as diabetes, hypertension ect.?
It is now reported that our patient displayed a history of hypertension and tobacco use.

2. Please, specify LVEF and describe whether there were valvular abnormalities.
Data regarding echocardiographic data are now presented. We report that "Transthoracic echocardiography revealed a severely impaired left ventricular ejection fraction (40-45%) along with mild mitral valve regurgitation".

3. Please, specify laboratory examination, in particular CPK and troponine
We now report that "Initial laboratory examinations showed elevated levels of high-sensitivity cardiac troponin T (250 ng/L)".

4. Please, show ECG after coronary angiography . Was the chest X-ray normal?
The ECG following PCI is now provided. The chest X-ray was normal.

6. Please, specify the time of coronary angiography after admission of the patient and his pharmacological treatment before, during and after angiography.
Following CT imaging, the patient prepared for cardiac catheterization and received aspirin (500 mg), clopidogrel (600 mg) and unfractionated heparin (70 U/kgr). Coronary angiography was performed 60 min after admission.

These data are now reported in the revised manuscript. The medical therapy at discharge is also provided.

7. I suggest to evaluate more recent references too.

Following your suggestion, we added 2 new references.

Reviewed by 00227348

We would like thank you for reviewing our manuscript. The following changes have been performed according to your useful recommendations/notifications:

***When the headache was resolved, shortly after PCI, sevral hours or days later?**

The headache was resolved shortly after revascularization. This is now reported in the revised manuscript.

*** Please show the ECG at the time of resolution of headache.**

The ECG after the PCI when the headache was resolved has been added in the revised manuscript.

*** How was the vital sign including consciousness level?**

On admission the patient was pale with tachycardia (100 beats/min), and, while his blood pressure was within normal range (100/60 mmHg). At auscultation, a mild systolic murmur was audible. His consciousness level was unremarkable.

*** Please describe the information of infarct size such as peal CPK.**

We now report that the LVEF was 40-45%. The myocardial enzymes followed the classic rise and fall kinetic pattern.

*** Which was asssociated with headache, stenosis of LAD or occlusion of LCX?**

LAD revascularization was complete, while LCX revascularization was incomplete. The headache was dissapered after PCI. We can not speculate on which level was associated with headache. We believe that this depends on ischemia resolution.

Reviewed by 00214240

We would like thank you for reviewing our manuscript. The following changes have been performed according to your useful recommendations/notifications:

It's unclear when and why the patient became painfree after the procedure.

We now report that our patient was asymptomatic following revascularization.

No reperfusion was achieved the other published case reports showed an association of pain and MI, but the pain resolved after reperfusion so we need some additional information on the time course of the pain, and the evolution of this symptom major critics remains the fact that the headache could be there and for example be induced by stress of the heart attact itself.

In the initial manuscript, we report that "Proximal LAD lesion was directly stented, while the blood flow was restored in LCX artery revealing a severe stenosis of more than 90%. We attempted to insert the guidewire into the LCX but failed to cross the proximal part of LCX". Therefore, there is revascularization. The fact that the headache resolved after revascularization makes the explanation involving stress less likely.

Minor remark : in the abstract on line 4 : infarction instead of infraction

Following your suggestion, we corrected this mistake.