

ANSWERING REVIEWERS



March 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8767-Review.doc).

Title: ABNORMAL ECG IN A PATIENT WITH AMYOTROPHIC LATERAL SCLEROSIS MIMICKING MYOCARDIAL ISCHAEMIA

Author: Juana Martínez, César Ramón, César Morís, Julio Pascual, Germán Morís.

Name of Journal: *World Journal of Clinical Cases*.

ESPS Manuscript NO: 8767

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

1 FORMAT HAS BEEN UPDATED.

2 REVISION HAS BEEN MADE ACCORDING TO THE SUGGESTIONS OF THE REVIEWER:

Changes made to the manuscript have been highlighted according to the peer-reviewers' comments.

Reviewer 00505578:

Patient's old EKG for comparison has been added.

Reviewers 0087598:

Minor comment:

- 1) English has been revised by a professional English translator and the language of the manuscript has reached Grade A.
- 2) An EKG recorded prior to the ALS diagnosis has been added to make the contention that the current tracing is ALS-related more convincing.

Major comments:

- 1) A list of the patient's medications has been provided and there is no QT prolonging drugs. The patient wasn't on amitriptyline, quinine, tizanidine or other QT prolonging agents commonly used to treat ALS symptoms.
- 2) Many definitions try to characterize Cardiac Syndrome X (CSX) but something all have in common is that pain is exclusively or predominant on effort. Other definitions ask for the presence of ST segment depression on exercise stress test. We think that clinical presentation in this patient allows us to rule out CSX diagnosis, mainly in the presence of other disease, as ALS, than can justify ECG abnormalities. We don't know exactly the etiology of patient's chest pain but we think that the chest pain was probably in relation with severe dyspnea.
- 3) Left ventricular hypertrophy on echocardiography was specified.
- 4) A paragraph dealing with evidence of ion channel dysfunction in ALS was added. A comment whether the ECG changes seen could relate to similar ion channel abnormalities as seen in some cardiopathy was added.

Reviewer 00233953

No specific comments.

Reviewer 01215273

Interesting case. No specific comments.

Reviewer 00431211

- Unfortunately neither a baseline ECG nor a follow-up ECG after the acute episode (because the patient died few days after hospital admission) were performed; the only previous ECG was performed 10 years before. We agree with the reviewer that is a limit of the Case Report to make the claims much stronger and, therefore, this limit has been discussed.
- The conclusion -last sentence- was deleted.
- Other references (Baltadzhieva et al., 2005; Funalot et al, 2008; Shimizu T et al., 1994) have been added

Thank you again for considering our manuscript in *World Journal of Clinical Cases*.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'GM' or similar, with a long horizontal stroke extending to the right.

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