

ESPS Manuscript NO: 9725-REBUTTAL

Jin-Lei Wang
Director, Editorial Office
Baishideng Publishing Group Co.

Dear Dr Wang,

We are pleased to submit to the *World Journal of Cardiology* the revised version of our ESPS Manuscript NO: 9725. Please find enclosed the edited manuscript in Word format (Myocarditis triggers coronary spasm-WJC-9725-R1.doc).

Title: Acute Myocarditis Triggering Coronary Spasm and Mimicking Acute Myocardial Infarction

Authors: Andreas Kumar, MD, MSc; Rodrigo Bagur, MD, PhD, FAHA; Patrick Béliveau, MD; Jean-Michel Potvin, MD; Pierre Levesque, MD; Nancy Fillion, MD; Benoit Tremblay, MD; Éric Larose, MD; Valérie Gaudreault, MD, PhD

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 9725

We thank the editor for consider publishing our manuscript. We have carefully addressed both, editor's requests as well as reviewer's comments. We hope therefore that this revised manuscript will be to your satisfaction and we are open to any additional suggestions or corrections.

The paper has not been published and is not being considered for publication elsewhere; none of the paper's contents have been previously published; all authors have read and approved the manuscript.

We thank you for your consideration in publishing our manuscript in the *World Journal of Cardiology* and we are looking forward to your editorial decision.

Sincerely yours,

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Responses to the comments of the editorial:

Format has been updated/corrected as per the editor's comments:

- a) Postal codes of affiliated institutions have been added.
- b) Author contributions have been added.
- c) Abstract has been modified.
- d) Core tip has been added.
- e) Format of report has been modified to comply with the World Journal of Cardiology's requirements: a "comments" section has been added following the discussion section.
- f) References have been corrected as per World Journal of Cardiology's requirements: reference numbers are now expressed between square brackets and in superscript; a PMID and DOI numbers are also provided.

Responses to the comments of the reviewer # 00225343:

Excellent.

We thank the reviewer for consider reviewing our manuscript and raising such positive comments.

Responses to the comments of the reviewer # 00092173:

Dr. Kumar and colleagues presented a very interesting and excellent case report on the diagnosis of acute myocarditis using CMR imaging of a patient with intense on-and-off chest pain. Overall, the case report is well written, comprehensive, appropriate referenced and concise in its content. There is no criticism.

We thank the reviewer for consider reviewing our manuscript and raising such positive comments.

Responses to the comments of the reviewer # 00234688:

Nice case report, uncommon presentation for acute myocarditis mimicking acute myocardial infarction due to coronary vasospasm. Relevant clinical value with regard to differential diagnosis.

We thank the reviewer for the positive comments on our work and the constructive suggestions that have contributed to the improvement of the manuscript.

Substantial points to be addressed:

1) To validate the diagnosis of coronary vasospasm (it is mandatory) more information should be added, more specifically it is questionable that coronary angiography was normal during angina and vasospasm; if so please clarify, otherwise specify timing (angina / vasospasm vs. CGF)

The reviewer is right. As per procedure, 200 micrograms of intracoronary Nitroglycerin is most often administered before injecting the coronary arteries and this fact might have contributed to the absence of angiographic coronary artery spasm findings. Indeed, and further supporting this hypothesis, in the case presentation section, it is stated a sentence “On the coronary care unit, 8-10 hours after cardiac catheterization, the patient experienced a new episode of chest-pain with recurrence of inferior ST-segment elevation. A treatment with intravenous nitroglycerin was started which led to resolution of chest-pain and ST-segment normalization.”

2) The diagnosis of myocarditis has been made only by CMR? Please clarify / confirm.

Yes, the diagnosis was established by CMR imaging that confirmed myocardial edema localized in the epicardium of the lateral and infero-lateral walls, the same area showed late gadolinium enhancement. The subendocardial tissue appeared normal; therefore, highly compatible with acute myocarditis. This information is also in the case presentation section.

Minor issues relate to the language:

Abstract: last line: with ST-segment elevation and suspect of MI.

We thank the reviewer for this worthy observation. A proper correction has been added.

Introduction: the second sentence is not clear and should be rewritten.

The reviewer is right. That sentence has been rephrased.

Discussion: “Also making and..... subsequent sentence.....: should be re-written as it is not clear.

As per reviewer (other) request, this sentence has been removed.

Responses to the comments of the reviewer # 02836238:

Very interesting case. Well referenced.

We thank the reviewer for the positive comments on our work.

Discussion is somewhat redundant; I would end the case report after the sentence "and thus allowed for establishing the diagnosis of acute myocarditis. 3-5".

As per reviewer request, this sentence has been removed.