

April 2016.

Response Letter.

To the Reviewers and Science Editor:

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25952

Reviewer's code: 00236103

Dear Reviewer, many thanks for your comments. We agree on all aspects mentioned by you, and we have had them in consideration: i) the language has been improved. ii) abnormalities related to metabolic disorders detected with PET and SPECT, such as reduced uptake of both glucose and fatty acids, have been explained in more detail. iii) your appreciation about EKG abnormalities section is very appropriate, many thanks again for this. We have reduced the extent of this part of the manuscript as you recommended, having into account that some aspects mentioned in the text are summarized in the table; iv) Regarding use of positive inotropic drugs, the key point we wanted to highlight is the use of this drugs with caution having in mind the mechanisms involved in the development of left ventricle systolic dysfunction and the potential presence of dynamic obstruction in the LVOT. Following your recommendations, we added two references about case reports in this subset.

Reviewer's code: 02794723

Dear Reviewer, many thanks for your comments. We have done some modifications following your comments. For example, a paragraph related to psychological factors has been introduced. Your comment about the length of the manuscript is very appropriate, and we have shortened it. We agree with your recommendation to modify the order of some sections: we have moved "Clinical Features and Epidemiology" to the beginning, followed by Pathophysiology section. Thank you.

Reviewer's code: 02445850

Dear Reviewer, many thanks for your comments. We have modified some parts of the manuscript following your recommendations. The section about ECG abnormalities is now shorter. The table with the ECG features includes now the sensitivity and specificity for some ECG predictors as you suggested, and each one is referenced. Finally, we agree with including takotsubo cardiomyopathy as part of the syndrome so-called "myocardial infarction without obstructive coronary artery disease". In fact, we have mentioned it in the Introduction section. Thank you.

Reviewer's code: 02453249

Dear Reviewer, many thanks for your comments, we have taken into account your recommendations. A paragraph about the potential role of molecular mechanism involved in TTC has been included. Many thanks for this valuable insight. Regarding comment number two, please kindly note that a text block exclusively dedicated to imaging tests, in which it is mentioned the utility of ultrasound and nuclear imaging tests, is already included. Moreover, nuclear imaging is also discussed in the Pathophysiology section. Anyway, many thanks for being attentive to any recommendations that might improve our manuscript.