January 6, 2016

Giuseppe De Luca, PhD
Jian-Jun Li, PD, PhD
Nathan D. Wong, PhD
Editors-in-Chief, World Journal of Cardiology

Re: Manuscript # 30754: Cough Induced Syncope: A Clinch to Cardiac Tamponade Diagnosis

Dear Drs. De Luca, Li, and Wong:

We would like to express our gratitude for taking the time to review our manuscript for publication in the World Journal of Cardiology. Below are our response to the reviewer`s comments. We look forward that our clinical vignette would eventually be published in your journal.

Sincerely,

Glenmore Lasam, MD
Corresponding Author

Roberto Ramirez, MD
Primary Author

Reviewer Comments:

Reviewer #1: The report has clinical interest. Questions: ECG showed or not signe of low voltage? The patient had hypertension, diabetes mellitus. The cardiac output was reduced because the pericardial fluid, and diminished in addition during cough. The critical flow of carotid arteries should be the explanation of the syncope. I like to see the results of Doppler flow-metry of carotid arteries, while diabetes mellitus and hypertension are the risk factors of arterial (e.g. carotid) stenosis. It remains to clear up, if the patient had or not significant stenosis in the carotids.

Response: We thank the reviewer for taking the time to review our manuscript and for the interesting comment. The patient`s electrocardiogram did not show low voltage despite the evident pericardial effusion with tamponade physiology on echocardiogram. Carotid ultrasound was done during his hospitalization which demonstrated no evidence of hemodynamically significant stenosis of the carotid system bilaterally and with normal antegrade flow of the vertebral arteries.

Reviewer #2: The report links syncope with cardiac tamponade but the title word “clinch” means to confirm or secure and is incorrect in this place. Despite the extensive statistical discussion of pressures defining Pulsus Parodoxus, there is no pressure information to substantiate its presence. The timing of the tamponade needs clarifying. It was clearly not present on admission, prior to which the syncope occurred, but developed later during the hospitalization as the pericardial effusion increased. There appears to be a typo in the sentence “He had 3 syncope episodes, 2 of them observed AND WAS associated...” The paper would be more applicable if the other temporary increased intrathoracic pressure causes of syncope, such as laugh and voiding syncope were added in the discussion.

Response: We thank the reviewer for the detailed comment. We would agree with your comment about the word “clinch” and we will change it with the word “hint” instead. The patient had documented pulsus parodoxus of 25 mmHg. The pericardial effusion was considered immediately on admission because of his medical history, his symptoms, and the pulsus paradoxus; tamponade physiology was confirmed by echocardiogram. The patient`s syncope has not be associated with other precipitants including laughter and micturition. Typographical error has been corrected.