

Review Form 3

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_126438
Title of the Manuscript:	Takotsubo Cardiomyopathy Induced by Severe Anaphylactic Reaction During Anesthesia Induction
Type of the Article	Case report

General guidelines for the Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

Compulsory REVISION comments	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<p>Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.</p>	<p>I read with interest the above article written by unknown authors. I would like to say that this is an important topic that presents a syndrome that is really difficult to treat. The clinical case is quite well written and illustrated. All the paragraphs are adequate except for the conclusions, which in my opinion should be rewritten. Although this report has certain limitations, the paper is suitable for publication. However, I would advise the authors to define the syndrome more precisely and to postulate effective medical solutions in the discussion to improve the case report, as follows.</p>	
<p>Is the title of the article suitable? (If not please suggest an alternative title)</p>	<p>Yes</p>	
<p>Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.</p>	<p>Yes</p>	
<p>Are subsections and structure of the manuscript appropriate?</p>	<p>Yes</p>	
<p>Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.</p>	<p>For example, the literature reports that this syndrome is known as ATAK complex (Adrenaline, stress cardiomyopathy, allergic reactions, and Kounis syndrome, i.e. Adrenaline, Takotsubo, Anaphylaxis, Kounis complex, ATAK) which is a complex clinical syndrome often associated with endogenous or exogenous adrenaline. Due to its rapid onset, severity and therapeutic challenges, it deserves significant attention from clinicians. This article reports a typical case of Kounis syndrome type 1 combined with stress cardiomyopathy (ATAK complex) triggered by anaesthesia-induced allergy.</p> <p>Therefore, if a patient is diagnosed with Kounis syndrome, caution should be exercised in using epinephrine to prevent ATAK. This indirectly indicates that the concept of ATAK has not been widely discussed, but is of some importance in clinical practice. There is currently no systematic treatment plan for ATAK. Antihistamines, antiplatelet agents, relief of vasospasm and prompt opening of occluded vessels are important methods of treating Kounis syndrome.</p> <p>Treatment of Kounis syndrome is challenging because both cardiac and allergic symptoms need to be treated simultaneously. Drugs given to treat the cardiac manifestations may worsen the allergy, and drugs given to treat the allergic symptoms may worsen the cardiac dysfunction. According to the literature, the use of intravenous corticosteroids such as hydrocortisone at a dose of 5 mg/kg and H1 and H2 antihistamines such as diphenhydramine at a dose of 1 to 2 mg/kg and ranitidine at a dose of 1 mg/kg is sufficient for type I. Vasodilators such as calcium channel blockers and nitrates may stop the hypersensitivity vasospasm. Intravenous or sublingual nitroglycerin seems reasonable and safe in patients with Kounis syndrome if blood pressure is satisfactory. Bolus administration of antihistamines should be done slowly as these drugs may induce hypotension and compromise coronary flow. Care should be taken to ensure that all infusible drugs, including antihistamines, steroids and cardiac drugs, are alcohol-free. Since anaphylactic reactions can also induce takotsubo syndrome, measurement of anaphylactic inflammatory mediators such as histamine, tryptase, chymase, leukotrienes, thromboxane, and PAF, or the use of corticosteroids or mast cell stabilizers for prevention and treatment, may shed light on its etiology and pathophysiology.</p>	
<p>Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.</p>	<p>Yes</p>	

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Minor REVISION comments Is the language/English quality of the article suitable for scholarly communications?	Yes	
Optional/General comments	The paper is suitable for publication, after minor corrections. The case report, although well written and extensively discussed, can be improved, as already reported in the review, especially the discussion and conclusions, for effective teaching and scientific contribution. The "ATAK" complex raises clinical questions such as what is the medium- and long-term prognosis of these patients or whether there are specific long-term therapies to prevent recurrences. Kounis et al. question the use of adrenaline in these patients, as all available preparations use sodium metabisulphite as a preservative, which has been described to cause anaphylactic shock, raising concerns about adrenaline and its dosage in this type of patient.	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

Name:	Massimo Bolognesi
Department, University & Country	Italy