**SDI Review Form 1.6**

**PART 1:**

<table>
<thead>
<tr>
<th>Journal Name</th>
<th>British Journal of Medicine and Medical Research</th>
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<tbody>
<tr>
<td>Manuscript Number</td>
<td>MS: 2012/BJMMR/2464</td>
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<tr>
<td>Title of the Manuscript</td>
<td>Cardiogenic Shock Complicating Myocardial Infarction: An Updated Review</td>
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**General guideline for Peer Review process is available in this link:**

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.
### Compulsory REVISION comments

**Reviewer's comment**

This review deals with a very important topic of cardiology and intensive care medicine, the cardiogenic shock complicating myocardial infarction.

The following comments may be allowed:

- This is an extensive narrative review with a long flow text and only one table and no figures. This makes readings a bit tedious. I recommend some precise tables with clear evidence-based statements. Nevertheless the information given is nearly complete, with the exception of the recent ESC STEMI guideline 2012 and some additional references (see below).

- However, I am missing an important point often neglected by cardiologists: It is very well documented that the severity of disease in cardiogenic shock as measured by the APACHE II score or the SAPS II score determines prognosis much more than cardiac index or BNP (Prondzinsky et al. Crit Care Med. 2010 Jan;38(1):152-60; your reference 16; Werdan Crit Care Med. 2012 May;40(5):1669-70). This means that optimal and very early ICU treatment - e.g. lung protective ventilation etc - is at least as important as haemodynamic therapy. The German-Austrian guideline (41) is the only guideline which focuses on this topic.

**Page 3 last four lines: spectrum of shock subgroups**

This classification is of little help and not validated with respect to the prognostic relevance; the responding references deal with devices! How can one classify shock?
states according to response to IABP, while the IABP-SHOCK-II trial (132) showed no benefit of IABP after primary PCI. And further: what means high-dose inotropes/vasopressors?


Page 23 mid chapter: IABP meta-analyses

Page 24: IABP Guideline recommendations
The recent ESC-STEMI guidelines from 2012 give only a class IIb indication for IAPB. Similarly, the German-Austrian guideline (41) gives a weak recommendation for IABP in case of systemic fibrinolysis, but not for patients treated by primary PCI! This should be clearly stated!

Page 29 Last paragraph
In the recent ESC STEMI guidelines from 2012 LVAD is a class IIb, not a class IIa recommendation!

Reference (39)
### Minor REVISION comments

**Page 4 last chapter: Cytokine activation**


**Page 6 Risk factors:**

The best predictors of mortality are initial severity of disease scores (APACHE II score, SAPS II score (Prondzinsky Crit Care Med. 2010 Jan;38(1):152-60; your reference 16; Werdan Crit Care Med. 2012 May;40(5):1669-70).

### Optional/General comments

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