

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology

**Manuscript NO:** 32371

**Title:** The diagnostic role of Cardiac Magnetic Resonance in patients with suspected acute coronary syndrome, raised troponin and unobstructed coronary arteries. A single Italian centre experience

**Reviewer's code:** 00214286

**Reviewer's country:** Germany

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-01-07

**Date reviewed:** 2017-01-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

The authors present an interesting study, investigating the differential diagnosis of patients with myocardial infarction and normal coronary arteries by CMR. The study seems to be well designed. However, the presentation of the Results needs more attention. Specific comments. 1. Provide a flow-chart of your patient population. 2. Provide pathology detected by ECG. ST-elevation, ST-depression, Q-waves, negative T-waves ect. 3. Provide mean and standard deviation for the time duration between onset of chest pain and CMR. 4. The second paragraph of the Results section needs re-do. The authors mention characteristics of LGE patterns in regard to myocardial diseases. However, this is part of the Discussion section and not of the Results. 5. Figure 2 seems rather typical for chronic dilated cardiomyopathy and not for myocarditis. 6. More statistical analysis of the results is necessary. A. Tabular illustration of Diagnosis (Takotsubo/Subendocardial infarction/Myocarditis/No diagnosis by CMR) versus



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CMR and laboratory findings (Reduced LV-funktion/regional wall motion or perfusion abnormalities/Right heart dilatation/CAD-related LGE/non-CAD related LGE/apical ballooning sign/pericardial effusion/maximal rise of CK and troponins).

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**Manuscript NO:** 32371

**Title:** The diagnostic role of Cardiac Magnetic Resonance in patients with suspected acute coronary syndrome, raised troponin and unobstructed coronary arteries. A single Italian centre experience

**Reviewer's code:** 02636166

**Reviewer's country:** Taiwan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-01-09

**Date reviewed:** 2017-01-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Plagiarism	
		[Y] No	

**COMMENTS TO AUTHORS**

Dear Editor: Dr. Camastra and colleagues made a CMR study for those with ACS but without stenotic CAD. There had some merits for the study including a large number of case. In contrast, some major concerns of the paper existed and needs to be revised. First, The topic is not clear and I suggested to revise to " Cardiac Magnetic Resonance Imaging in Acute Cardiac Injury Patients without unobstructed coronary arteries. A single Italian centre experience" Second, the grammar is very poor and difficult to read the paper. Third, the abstract mentioned a clinical and echo follow-up at one year but there is no result in abstract and manuscript. Fourth, In general, the content is main descriptive and the authors should mention what is the proportion of these patients accounting for all of the patients with ACS occurred during the period.