



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 59164

**Title:** Heparin-Induced Thrombocytopenia in Patient with Chronic Renal Insufficiency Undergoing Dialysis and PCI after Acute Myocardial Infarction: a case report

**Reviewer's code:** 02641731

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-09-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-09-15 04:23

**Reviewer performed review:** 2020-09-15 06:18

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors report a 73-year-old man with AMI and renal failure who underwent hemodialysis and PCI, and developed a progressive decline in platelets and subcutaneous hemorrhage of both upper limbs after heparin treatment. In addition to a gradual decrease in platelets, the patient's 4T's score was 7, and HIT antibody was positive, confirming the diagnosis of HIT. This paper is very interesting and well written. However, several issues should be considered to assess the results in this paper. My comments are related to the following points: 1. This reviewer agrees with the diagnosis of HIT. Although this patient has been on hemodialysis for 4 years with heparin, he has not developed HIT. The author should discuss why he developed HIT after PCI this time. 2. Please describe the therapeutic agents in chronological order in Fig 5 for the readers to understand. 3. The discussion is long, so please shorten it.