

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71727

Title: Essential thrombocythemia with non-ST-segment elevation myocardial infarction as the first manifestation: a case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02887546

Position: Editorial Board

Academic degree: MAMS, MBBS, PhD

Professional title: Dean, Doctor, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-09-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-29 15:53

Reviewer performed review: 2021-10-03 04:08

Review time: 3 Days and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes 2
Abstract. Does the abstract summarize and reflect the work described in the manuscript?
Yes 3 Key words. Do the key words reflect the focus of the manuscript? Yes 4
Background. Does the manuscript adequately describe the background, present status
and significance of the study? Yes 5 Methods. Does the manuscript describe methods
(e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes
6 Results. Are the research objectives achieved by the experiments used in this study?
What are the contributions that the study has made for research progress in this field?
Yes 7 Discussion. Does the manuscript interpret the findings adequately and
appropriately, highlighting the key points concisely, clearly and logically? Are the
findings and their applicability/relevance to the literature stated in a clear and definite
manner? Is the discussion accurate and does it discuss the paper's scientific significance
and/or relevance to clinical practice sufficiently? Yes 8 Illustrations and tables. Are the
figures, diagrams and tables sufficient, good quality and appropriately illustrative of the
paper contents? Do figures require labeling with arrows, asterisks etc., better legends?
Yes 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Yes 10
Units. Does the manuscript meet the requirements of use of SI units? Yes 11 References.
Does the manuscript cite appropriately the latest, important and authoritative references
in the introduction and discussion sections? Does the author self-cite, omit, incorrectly
cite and/or over-cite references? Yes 12 Quality of manuscript organization and
presentation. Is the manuscript well, concisely and coherently organized and presented?
Is the style, language and grammar accurate and appropriate? Fair 13 Research



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methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes There are several technical glitches. 1. Grammatical corrections suggested in the proof returned herewith. 2. Some references missing in text. 3. Bibliography differently detailed. Not uniformly Vancouver style. 4. In citing references in text, the period or comma should come before the brackets of reference number not after.

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Reviewer's code: 05186196

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Research, Attending Doctor, Doctor, Research Fellow

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-09-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-08 08:50

Reviewer performed review: 2021-10-08 09:33

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☐] Anonymous [☒] Onymous
Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report of NSTEMI in a patient with previously undiagnosed ET. The paper is well-written but needs several revisions before acceptance: 1. The manuscript has not been submitted using the suggested template of the journal. 2. The references need to be revised to match the style of the journal. 3. ET is a myeloproliferative neoplasm (MPN), the denomination of myeloproliferative syndrome is no longer used. Please correct throughout the paper. 4. It is important to mention that the WHO 2016 diagnostic criteria require the execution of a bone marrow biopsy to differentiate ET from prefibrotic primary myelofibrosis. 5. I think the immunophenotyping you performed (via flow-cytometry) was for the diagnosis of acute (myeloid) leukemia and not for MDS. How did you perform the detection of gene fusions for acute leukemia screening? 6. I think the paper would also benefit from the input of a hematologist and laboratory medicine specialist, particularly the one who performed the genetic testing and flow-cytometry. The cardiologist's perspective is valuable but the readability of the case report and its scientific accuracy would be higher if we could also see the hematologist's perspective on the case. 7. In the future, more exact diagnostic and screening techniques for MPNs, particularly useful in the early detection of thrombosis, might be developed. I would suggest the authors to search in PubMed/Medline for papers regarding the use of liquid biopsy in myeloproliferative neoplasms.

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Peer-review model: Single blind

Reviewer's code: 01036411

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-10-28 06:10

Review time: 19 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	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 reported on the case of a 44 year old male who exhibited a myocardial infarction and was also diagnosed with essential thrombocythemia. The work describes in many details the infarction and the problems of its treatment. But what was less clear is the reason of the case report. What is understood is that the case is particular due to the extent and location of the coronary thrombus, on the one hand, and to the rarity of reports of myocardial infarction and thrombocythemia. However, authors should highlight the possibility of publication bias. It is well known that ET is often diagnosed in coincidence with a thrombotic event. So it is very likely that most of the myocardial infarctions associated with ET will not be reported. The cardiologists that read the paper are interested in the diagnostic and therapeutic challenges of the case. This is appropriately described. The haematologist is more interested in the differential diagnosis of the haematological disorders presenting with thrombocytosis. In this aspect the paper has many limitations. First of all the diagnosis should be based on bone marrow histology. Bone marrow aspiration is not sufficient for the diagnosis. The WHO criteria need a specific morphology of megakaryocytes and this aspect is important for distinguishing ET from prefibrotic myelofibrosis. Moreover, in the description of the diagnostic tests the authors mention "a normal myelodysplastic syndrome (MDS) immunophenotype and the absence of 45 leukemia-related fusion gene transcripts. These are not necessary tests. Better (even not necessary) would be to analyze the presence of accessory myeloid mutations. In the discussion the authors report "fewer than 35 cases reports published in the literature" of AMI due to ET. This should be reported in more detail and case references should be listed.

The paper needs editing improvements. Many acronyms are not clarified. Figure 3 è illegible.