

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 72075

**Title:** Severe pneumonia and acute myocardial infarction complicated with pericarditis after percutaneous coronary intervention: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00034489

**Position:** Editorial Board

**Academic degree:** AGAF, MD, PhD

**Professional title:** Director

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

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

**Manuscript submission date:** 2021-10-03

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2021-12-24 01:32

**Reviewer performed review:** 2021-12-30 12:37

**Review time:** 6 Days and 11 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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

This is a case report of myocardial infarction associated with pneumonia. It's written very well, but it's likely that it won't be read because it's too long. The points to be corrected are listed below. 1. Intestinal obstruction is not mentioned in abstract or discussion. Should be removed from the title. 2. It's too verbose to read. Please be concise and clear. 3. There is an interrogative form in the treatment part. Please write the facts in this part.

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**Reviewer's code:** 02446694

**Position:** Editorial Board

**Academic degree:** FACC, FACP, FAHA, FESC, MD, PhD

**Professional title:** Director

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

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

**Manuscript submission date:** 2021-10-03

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2021-12-26 21:34

**Reviewer performed review:** 2022-01-02 22:36

**Review time:** 7 Days and 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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## SPECIFIC COMMENTS TO AUTHORS

This was a patient with AMI who presented with a wide variety of clinical symptoms and a difficult course of treatment. #1 Do you have any comments on the fact that echocardiography showed only diastolic dysfunction and no systolic dysfunction in the acute phase? #2 This was an AMI patient with the left circumflex coronary artery as an infarct-related artery, and the ST changes on the ECG may be difficult to see. Is such a case also included in NSTEMI? #3 It is stated that pericarditis was caused by pneumonia, but I think it is more common to think that pericarditis was complicated by AMI. #4 The bilateral pleural effusions seem to be a symptom of heart failure as well as pneumonia. Also, what treatment was given for the pericardial effusion? #5 The lab results were not clear. If you show the normal range in the table and at the beginning, I think it can be omitted from the next time. Also, I think it would be easier to understand if CRP, NT proBNP, and myocardial injury enzymes are also shown in the table. #6 In such patients, the only life-saving option seems to be the rapid use of appropriate antibiotics in cases of complicated inflammation. What about the conclusion that this needs to be confirmed by large clinical studies? Please revise as appropriate.

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**Peer-review model:** Single blind

**Reviewer's code:** 05750374

**Position:** Peer Reviewer

**Academic degree:** PharmD, PhD

**Professional title:** Full Professor, Professor, Senior Scientist

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

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

**Manuscript submission date:** 2021-10-03

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2021-12-22 09:55

**Reviewer performed review:** 2022-01-03 18:42

**Review time:** 12 Days and 8 Hours

Scientific quality	<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
Language quality	<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
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<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

## **SPECIFIC COMMENTS TO AUTHORS**

This case report is very interesting. This work is technically sound. You have reached definite outcomes which are based on your experiments. The title reflects the main hypothesis of the manuscript. The abstract summarizes and reflects the work described in the manuscript. The keywords reflect the focus of the manuscript. A core tip has been given which justifies the need for this case report and is appreciable. The manuscript describes the background, present status, and significance of the study. The manuscript describes methods in adequate detail. The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly, and logically. It discusses the paper's scientific significance and/or relevance to clinical practice sufficiently. This work has been tailored with available literature. The figures, diagrams, and tables are sufficient, good quality, and appropriately illustrative of the paper contents. The figures are labeled with arrows, asterisks, etc. This is a case report and thus the manuscript meets the requirements of biostatistics without any testing of hypothesis. The manuscript cites appropriately the latest, important and authoritative references in the introduction and discussion sections. The manuscript is well, concisely and coherently organized and presented and the style, language, and grammar are accurate and appropriate. Authors have prepared their manuscripts according to the CARE Checklist. The author prepared the manuscript according to the appropriate research methods and reporting. Informed written consent was obtained from the patient for publication of this report and accompanying images. . Further studies are warranted with adequate sample size. . I appreciate your work which would be greatly useful in the management of severe pneumonia complicated with acute myocardial infarction.



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