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PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 77903

Title: Rare Case of Chronic Q Fever Myocarditis in End Stage Heart Failure Patient: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06139981
Position: Peer Reviewer
Academic degree: Doctor, MD
Professional title: Doctor
Reviewer's Country/Territory: China
Author's Country/Territory: United States

Manuscript submission date: 2022-05-26
Reviewer chosen by: AI Technique
Reviewer accepted review: 2022-05-29 15:04
Reviewer performed review: 2022-06-02 14:15
Review time: 3 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Overall this is an interesting case about a 69-year-old male patient with a history of multiple comorbidities who was initially thought to be a regular case of acute on chronic heart failure but later diagnosed with Q fever myocarditis..In this case report, authors concluded that Q fever myocarditis should be kept in differentials, especially in cardiomyopathy patients with recurrent fevers and contact with farm animals. This case report still has a lot of room for further refinement. In conclusion part the author should add some other perspectives to make this part informative. This case report is potentially useful but needs more detail. Some novelty and newly published information should be included. This case report is complete and detailed. So we suggest this case to be accepted after minor revision.

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Reviewer's code: 06309896
Position: Peer Reviewer
Academic degree: MD, MSc
Professional title: Attending Doctor
Reviewer's Country/Territory: Thailand
Author's Country/Territory: United States

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Reviewer accepted review: 2022-05-29 16:24
Reviewer performed review: 2022-06-03 17:12
Review time: 5 Days

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Your case is interesting and informative. I have some suggestions for your manuscript. 1 Title - The phrase "treated with antibiotics" seems unnecessary. The uniqueness of this case is that myocarditis occurred in a non-acute phase of Q fever which is very rare. Thus, it would be better if the authors add this uniqueness to the title. - As my comment in the final diagnosis part, if this case is chronic myocarditis, it is worth to be shown in the title. 2 Abstract - In the case summary part, "volume overload" is not a symptom, please specify what is(are) the volume overload symptoms in this patient. 3 Keywords - 4 Core tip - In my opinion, core tip should describe the major findings and lessons learned from the case. For example, when to suspected Q fever myocarditis, myocarditis should be differentiated even in non-acute Q fever especially concomitant with fever, how to make a diagnosis, and how to treat it. The present core tip looks like another abstract. 5 Introduction - Coxiella burnetii is a scientific name, so it ought to type in italic style throughout the manuscript. 6 Case presentation - Shortness of breath was mentioned in the abstract, but not in the case presentation. - Previous valvular pathologies and time of surgery (for MV) should be described, especially in the second procedure on MV. Because if it was recent endocarditis, it may associate with Q fever. - Given an absence of sinus node dysfunction described in the patient's past medical history, it should be explained why this patient needed dual-chamber ICD and why the rhythm was atrial pacing on admission. If he had SSS or other indications, please specify. - The previous ventricular and valvular functions are worth mentioning. It is important to tell whether the present findings are resulting from a new event or just his baseline pathologies. - Chest examination should be reported. From the present data, it is obvious

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that the patient had right-sided heart failure; however, I am uncertain whether the patient had left-sided heart failure or not. - Due to the above reason, CXR findings should be provided. - Echocardiogram and right heart catheterization findings indicated that the left-sided heart was the major cause of heart failure. This is the reason why symptoms and signs of left-sided heart failure should be described. - Authors should explain why right heart catheterization was necessary for this patient. - Why troponin-I was negative in active myocarditis should be discussed in the discussion part. - It should be "Infectious disease specialist was consulted". - It should be "It showed a moderate paravalvular aortic regurgitation". - Since the mitral valve was replaced, the sentence "the repaired mitral valve was functioning normally with no stenosis or regurgitation" should be corrected. - If available, previously treated antibiotic regimens should be mentioned. - Radiotracer used in PET scan should be named. - It should be "heterogenous areas of increase 18F-FDG uptake" (if 18F-FDG was used). 7 Final diagnosis - It should be specified and given the reason that this patient had (i) acute myocarditis in acute Q fever, (ii) chronic myocarditis in acute Q fever, (iii) chronic myocarditis in acute Q fever or (iv) chronic myocarditis in chronic Q fever. If it was chronic myocarditis in chronic Q fever, this would be the novelty and highlight of this case. Since all of the previous reports were mostly acute myocarditis in acute Q fever. To the best of my knowledge, this should be the first case of chronic myocarditis in chronic Q fever. 8 Treatment - The dosage of Doxycycline and Hydroxychloroquine should be reported. 9 Outcome and follow-up - It was very astonishing that paravalvular AR was resolved. Paravalvular regurgitation almost always results from mechanical causes, thus it was unlikely to be resolved after myocarditis subsides (though the severity may be varied from hemodynamics). This was very interesting and should be discussed further. 10 Discussion - As mentioned above, "why troponin-I was negative in active myocarditis" and "why paravalvular AR disappeared" should be discussed. - Since this case is related

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to non-acute Q fever, the publications about myocarditis in non-acute Q fever should be reviewed and mentioned in the discussion part. - Please look for the publication about chronic myocarditis in Q fever, to the best of my knowledge, I have never seen it before. If there is no previous publication and the authors conclude that this case was chronic myocarditis, the authors can mention that this is the first published case and emphasized that chronic myocarditis can be the presentation of Q fever. 11 Conclusion - Not only cardiac PET is important for the diagnosis of myocarditis, but also other imaging modalities. Thus, it would be better to summarize that multimodalities imaging e.g., echocardiography, cardiac MRI, and cardiac PET can be utilized in diagnosing myocarditis in patients with Q fever. 12 Abbreviations - Please check the abbreviations again, some of them look strange e.g., 18F-fluorodeoxyglucose positron emission tomography, Center for Disease Control and Prevention (CDC). 13 Figure - Before and after treatment PET scans should be demonstrated in the same views. In my opinion, the multi-plane image in figure 1A is better to show all myocardial segments. I hope these comments will be helpful.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Cardiology*

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 06309896
Position: Peer Reviewer
Academic degree: MD, MSc

Professional title: Attending Doctor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: United States

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Reviewer chosen by: Ji-Hong Liu

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Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, You respond to all comments thoroughly and clearly. This manuscript looks great. I have no additional comment. Congratulation...!! Best regards,