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PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 79236

Title: Spontaneous coronary artery dissection: a review on diagnostic methods and

management strategies

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03346384 Position: Peer Reviewer

Academic degree: FACC, MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Greece

Manuscript submission date: 2022-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-10 15:05

Reviewer performed review: 2022-08-22 04:09

Review time: 11 Days and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

This is a review article on Spontaneous coronary artery dissection its presentation, diagnosis and management. My comments are below: 1. Need to add more information on conditions associated with SCAD (FMD, collagen vascular diseases, hypothyroidism, chronic inflammatory disorders and Genetic factors). While this is mentioned briefly in the manuscript, it is worth expanding on this topic. 2. In the introduction section, paragraph 2, MRI is mentioned as one of the diagnostic tests. Can the authors expand on what findings are specific for SCAD in MRI? Also need a reference for this statement. 3. In the section on epidemiology and pathogenesis, 3rd paragraph - authors discuss iatrogenic catheter induced dissection as a cause of SCAD. This is misleading as by definition this is not SCAD. 4. In the diagnostic testing section, intracoronary imaging section, authors did not mention another pitfall of intracoronary imaging as it requires instrumentation of the coronary artery and in SCAD this poses a challenge. 5. It is worth including OCT or IVUS pictures of SCAD for visual representation. 6. Can discuss any available data on how to follow up these patients. 7. Need to include role of CABG in SCAD patients for completion. 8. SCAD can present with cardiogenic shock and this needs to be reviewed with its management.



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Peer-review model: Single blind

Reviewer's code: 05428329

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Deputy Director, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Greece

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-26 06:46

Reviewer performed review: 2022-08-30 12:18

Review time: 4 Days and 5 Hours

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
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The manuscript is interesting and well-written, however, there are several issues that need to be addressed: 1. There are too many repetitions of SCAD risk factors and lacks of organization and summary. 2. The introduction of prognosis is a superficial, and it would be better to introduce studies related to the difference in prognosis of different treatment regimens. 3. Current developments and future prospects about SCAD are essential for this review, please add them as a separate paragraph before the Conclusions.