



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 38267

Title: Prognostic utility of global longitudinal strain in myocardial infarction

Reviewer's code: 01293596

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-02-05

Date reviewed: 2018-02-09

Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I think that the evidence is still inadequate to conclude that CMR-FT risk stratification should be incorporated within routine CMR imaging protocols following AMI.



PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 38267

Title: Prognostic utility of global longitudinal strain in myocardial infarction

Reviewer's code: 02714390

Reviewer's country: United States

Science editor: Li-Jun Cui

Date sent for review: 2018-02-13

Date reviewed: 2018-02-16

Review time: 3 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This submission discusses the results obtained by a recent publication of the authors in the use of global longitudinal strain (GLS) measurements after acute myocardial infarction in STEMI and non STEMI patients in comparison with prior data obtained by Gavara et al. on a similar topic. The authors have done a nice job of presenting the data in context and explain possible reasons for discrepancy between the two datasets. The submission however cannot be called an editorial and has a feel that is more similar to a "letter to the editor" and should be reclassified as such. I would additionally suggest adding a paragraph after the introductory paragraph also describing the similarities in the results between the two papers to provide the audience with a fuller picture. The authors should also tone down the conclusion regarding their paper as much more work is needed before GLS can be used routinely as a prognostic tool after acute myocardial infarction.