



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 78704

**Title:** Euglycemic diabetic ketoacidosis; a rare but serious side effect of sodium-glucose co-transporter 2 inhibitors

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

**Peer-review model:** Single blind

**Reviewer's code:** 05247838

**Position:** Peer Reviewer

**Academic degree:** FACE, MBBS, MD

**Professional title:** Consultant Physician-Scientist, Director

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

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

**Manuscript submission date:** 2022-07-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-17 04:59

**Reviewer performed review:** 2022-07-30 18:40

**Review time:** 13 Days and 13 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	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

SGLT2inhibitors have ushered a paradigm shift in the management of HF in general, and more particularly amongst people with diabetes. In this context, this work is very much relevant to the readership of WJC . The following word of the authors- “It is implied that SGLT2 inhibitor use and prescription by non-diabetologists (cardiologists, nephrologists, family physicians, etc.) will continue to grow in the future. It is important to inform the general cardiac public about this rare but serious side effect of SGLT2 inhibitors.” - deserves appreciation and strongly justifies this submission. The word ‘Metabolic’ as an adjective to the term ‘ketoacidosis’ (in the title of the write up) sounds superfluous. In fact, ‘ketoacidosis’ is type of ‘Metabolic acidosis’ only. Can the authors rather use the term ‘Diabetic ketoacidosis’ in place of of ‘Metabolic acidosis’ in the context of the reference case? The authors have covered most points which are related to the pathogenesis of ketoacidosis correctly. A few words on how SGLT2inhibitors facilitates substitution of glucose by ketone as a substrate for energy production in different tissues such as myocardium and peri-tubular tissues of the nephrons , In this context the following article may be cited as a cross reference.[Mudaliar S, Alloju S, Henry RR. Can a Shift in Fuel Energetics Explain the Beneficial Cardiorenal Outcomes in the EMPA-REG OUTCOME Study? A Unifying Hypothesis. Diabetes Care. 2016 Jul;39(7):1115-22. doi: 10.2337/dc16-0542. PMID: 27289124.] Role of SGLT2inhbitor in CHF is well known and widely discussed in various cardiology journals, and hence not very relevant here. Moreover , the index patient did not have HF. The second paragraph in the main body of the write up may be made smaller (at least by 50-60%). The author may rather mention briefly the



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impact of SGLT2i in preventing HF progression (class effect), preventing chronic kidney disease progression (class effect), secondary prevention of ASCVD events (empa and cana) and preventing cardiac death (empagliflozin), to give holistic perspective to readers from the cardiology field. Thus much more can be said in much less words.



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**Reviewer’s code:** 02623966

**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Attending Doctor, Research Scientist

**Reviewer’s Country/Territory:** Greece

**Author’s Country/Territory:** Croatia

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-09 10:24

**Reviewer performed review:** 2022-08-09 10:25

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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### **SPECIFIC COMMENTS TO AUTHORS**

It is a well-design study adding new information to the literature. Authors in a clear and simply way managed to give their results as well as the relative literature. I have no comments to make and in my opinion the article can be published unaltered.