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PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 86399

Title: Systemic right ventricle complications in levo-transposition of the great arteries: A

case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02446043 Position: Editorial Board Academic degree: FACC

Professional title: Lecturer

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: United States

Manuscript submission date: 2023-06-17

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-11 05:01

Reviewer performed review: 2023-07-16 08:56

Review time: 5 Days and 3 Hours

Scientific quality Good		[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
	Scientific quality	Good
[] Grade D: Fair [] Grade E: Do not publish		[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty	Novelty of this manuscript	
Creativity or innovation of [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair	Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript [] Grade D: No creativity or innovation	this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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
Peer-reviewer statements	Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report of a rare 40yr old patient with L-Transposition of the Great Arteries who has developed heart failure and intracardiac RV thrombus. It is well referenced and can be accepted after some minor revisions: 1. The authors should specify what medical drugs were used as GDMT for heart failure 2. The authors should not present so many figures (8) for a single case report; just chose those most relevant to the points they are making. 3. Since the patient "was then lost to follow-up for several years until this latest presentation to the hospital", Tables 2 and 3 should NOT include information from before his present presentation, as putting in such data is not relevant and confuses the reader.



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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: United States

Manuscript submission date: 2023-06-17

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-25 14:14

Reviewer performed review: 2023-08-04 21:16

Review time: 10 Days and 7 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

#1 The authors report that thrombus formation in the right ventricle of the arterial system is rare, and they should provide some presumptions as to the mechanism. The abstract has echocardiographic findings, but the text does not. Also, the ejection fraction is 40%, the authors should describe how this is measured. I believe that in a normal echocardiogram, right ventricular contractility is assessed by FAC, and anything above 35% is considered normal, thus, the authors should consider the validity of the 40% assessment in this case. #3 In the present case, the authors should describe the patient's height, weight, blood pressure, heart sounds, and jugular vein dilation, and edema.