

PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 87595

Title: R-I subtype single right coronary artery with congenital absence of left coronary system: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03755399

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Consultant Cardiac Surgeon

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2023-08-17

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-10 09:37

Reviewer performed review: 2023-09-18 09:38

Review time: 8 Days

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|---|--|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
| Novelty of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
| Creativity or innovation of this manuscript | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation |

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|---|--|
| Scientific significance of the conclusion in this manuscript | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No scientific significance |
| Language quality | <input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |
| | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

The authors reported a case report of a single right coronary artery-R-I subtype with congenital absence of left coronary system. My main concern is novelty of this case report apart from being the R-I variant, since several similar case reports have been already published on the same topic. Can the authors explain it better? It seems that the authors did not perform valid literature search or included those references. I have several comments that limit the scientific value of the manuscript. My comments: 1. Epidemiology needs to be removed from the abstract. It belongs to the Introduction. 2. Introduction is missing important references and similar case reports. I suggest adding: a) Siddiqui SM, Kesava Rao RC, Kaza S, Padma Kumar EA. Computed tomography coronary angiography diagnosis of single right coronary artery with congenital absence of left coronary artery system equivalents. Indian J Radiol Imaging. 2016 Apr-Jun;26(2):198-200. doi: 10.4103/0971-3026.184406. b) Saglam M, Dogan D, Sahin S, Turkkan C, Kula O. Single right coronary artery with absence of the left main coronary artery, left anterior descending artery, and circumflex artery. Echocardiography. 2017 Sep;34(9):1401-1403. doi: 10.1111/echo.13576. c) Yoldaş T, Beyazal M, Örün UA. Single



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right coronary artery with right ventricular fistula and congenital absence of left coronary artery: an extremely rare combination. *Cardiol Young*. 2019 Nov;29(11):1402-1403. doi: 10.1017/S1047951119002105. 3. The whole text needs to be checked and corrected for English language and grammar. 4. Remove overstatements such as “this is the first case report of a patient” from your text as you did not perform literature search. 5. Why was the patient admitted to the hospital? Such symptoms can be assessed in A&E 6. ECG changes are not sufficiently described, how significant ST changes? Pls add the image of ECG. 7. Why adding clopidogrel? Pls explain. 8. The whole case presentation needs to be re-written due to mistakes in English language and grammar. 9. What happened with the patient after angiography? What was the meaning of admission? There are many important details missing rather than just describing you have found right SCA with congenital absence of the LCA. What is the clinical implications of such anomaly when detected in any patient? 10. What do the authors believe, can this anomaly be detected using CTA? Pls add relevant references on incidental findings detected using CT (Sef D, Birdi I. Clinically significant incidental findings during preoperative computed tomography of patients undergoing cardiac surgery. *Interact Cardiovasc Thorac Surg*. 2020 Nov 1;31(5):629-631. doi: 10.1093/icvts/ivaa160.) 11. Since you have detected some degree of ischemia, what was the treatment plan? 12. Discussion lacks review of literature, pls add. 13. Conclusions needs to be completely re-written. 14. Acknowledgements need to be deleted in the current form.



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Peer-review model: Single blind

Reviewer's code: 04433149

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2023-08-17

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-26 04:47

Reviewer performed review: 2023-09-26 12:58

Review time: 8 Hours

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| Scientific quality | <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 |
| Novelty of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
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| Language quality | <input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |
| | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

First of all, a very nice case presentation. Did the patient have an angiogram because of fatigue? Why didn't the patient undergo a CT coronary angiogram (which could be very diagnostic)? Why did the patient receive an ARNi? What was the end result (medical treatment)? I can clearly see an LCx but the LAD is not so clear in the figures (please try to show better views for the LAD instead of the non availability of LCA)

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2023-08-17

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2023-10-16 08:21

Reviewer performed review: 2023-10-16 18:23

Review time: 10 Hours

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|---------------------------|---|
| Scientific quality | <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 |
| Language quality | <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 |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Peer-reviewer | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |



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statements

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

SPECIFIC COMMENTS TO AUTHORS

The reviewers have to a great deal answered the queries

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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SPECIFIC COMMENTS TO AUTHORS

1. . The changes of ST-T waves are NOT difficult to see "with the naked eye". I suggest re-phrasing to suspected ischemia and to avoid discussion into the biomarkers of

ischemia. Patients with acute symptoms such as angina and MI do not need ECT as per any algorithm! Pls check the relevant guidelines.

2. I strongly suggest removing from Conclusions and the main text that " Through a literature search, we found that this is the first case report of a patient with a single right coronary artery R-I subtype who underwent ECT to verify myocardial ischemia ". I suggest authors to check 3 main criteria for publishing case reports. Adding diagnostic modality such as ECT does not make any case unique and is not relevant for a case report!

3. Readership is not interested in whether the authors prefer ECT over CTA. This is a case report.