



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 36344

**Title:** Artefactual angulated lesion on angiography: a case report and review of literature

**Reviewer's code:** 00233953

**Reviewer's country:** United States

**Science editor:** Li-Jun Cui

**Date sent for review:** 2017-09-21

**Date reviewed:** 2017-09-22

**Review time:** 16 Hours

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**

Comment #1: please discuss if advancing an IVUS catheter will straighten a kink in a vessel; is it possible that a hemodynamically significant kink is straightened by the IVUS catheter = false negative result?



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 36344

**Title:** Artefactual angulated lesion on angiography: a case report and review of literature

**Reviewer's code:** 02446694

**Reviewer's country:** Japan

**Science editor:** Li-Jun Cui

**Date sent for review:** 2017-09-26

**Date reviewed:** 2017-10-05

**Review time:** 9 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**

The authors reported a case report of artefactual angulated lesion of left anterior descending artery (LAD). This case report is interesting. As a reviewer, I have some questions and requests. #1 The authors concluded no atherosclerosis was present at the artefactual angulated lesion. However, according to the IVUS video, there was some atherosclerotic plaque at the just proximal of LAD. In addition, during IVUS video, the recording of image was jumped at such lesion. and the observation may not be sufficient. The authors should comment on this. #2 Did chest discomfort of the present patient occur during exercise or at rest? In addition, the authors had better provide the vital sign, especially about blood pressure, of the patient .