



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 03493974

Reviewer's country: Bulgaria

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-10

Date reviewed: 2019-01-17

Review time: 11 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors present an illustrative case of cardiac amyloidosis and provide a nice review of the literature on the matter. There are some minor typographical mistakes that need correction.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 03846820

Reviewer's country: Netherlands

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-18

Date reviewed: 2019-01-18

Review time: 8 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear author, The paper represents a clinical case with cardiac amyloidosis. The aim of the paper is to provide a reader with an interesting clinical case and an up-to-date situation with the management of the cardiac amyloidosis. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and



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very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are: 1) Please clarify why you did not proceed with CMR/ MRI immediately in your patient even to clarify the diagnosis. It could be even a myocarditis, any signs of the scar in myocardium or whatever. 2) Do you have a picture of histology (from endomyocardial biopsy) to demonstrate amyloidosis? 3) There must be information how she was treated initially (I mean medicaments) prior to admission and then after the verification of the diagnosis. 4) What does it mean 99mTc-PYP scanning? Please, mention that this is a scintigraphy in the case. It looks like obvious, but this is not. People might be disoriented in the age of PET/CT. Would you please kindly elaborate a role of PET/CT in your brief review either. 5) Please remind to the reader what "While the serum free kappa light chain level was slightly elevated at 24.9mg/dl (3.3 -19.4mg/dl), the serum free lambda light chain and the free kappa to lambda ratios were within normal limits. Urine protein electrophoresis also demonstrated absence of Bence Jones protein." is about! What did you try to exclude? This is not a routine clinical practice, and it must be elaborated with some explanations of your clinical strategy - why it was for, or what did you try to distinguish. 6) Would you mention also the prognosis for such patients.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 00227375

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-18

Date reviewed: 2019-01-18

Review time: 9 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an excellent case report with systematic mini-review about cardiac amyloidosis.

This manuscript is nicely structured and well written. I have no question about this manuscript.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 00039411

Reviewer's country: Argentina

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-18

Date reviewed: 2019-01-20

Review time: 16 Hours, 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Very nice case report and review. Did you planned to perform a cardiac resonance study?
If not, why?

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 03491752

Reviewer's country: Jordan

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-18

Date reviewed: 2019-01-22

Review time: 11 Hours, 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear the authors thank you for writing this rare case with doing good literature review i personally donnot have concerns about this manuscript

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45525

Title: Cardiac amyloidosis: A case report and review of literature

Reviewer's code: 00227341

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2019-01-18

Date reviewed: 2019-01-25

Review time: 13 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The Authors present a case report of a patient suffering from cardiac amyloidosis with review of current literature. Cardiac amyloidosis is a group of diverse diseases caused by extracellular deposition misfolded protein derived most commonly from monoclonal light chains in the setting of a plasma cell dyscrasia (AL amyloidosis) or from



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accumulation of wild type or mutant transthyretin produced from liver (ATTR amyloidosis). Heart involvement in the setting of systemic amyloidosis is important to diagnose as it is associated with significant morbidity and mortality. I suggest adding some information in the text, in particular: - Please in the ECG findings also mention the possibility of pseudo-infarct pattern in about 50% of patients with AL cardiac amyloidosis. In addition atrioventricular block may be seen in up to 22% of patients with cardiac amyloidosis. Intraventricular conduction delays and bundle branch blocks are also common. - Please in the Echo findings also mention that small pericardial effusions are common, but larger effusions and tamponade are relatively rare. - Additionally, LGE by CMR is an independent predictor of mortality in pts with AL cardiac amyloidosis and has prognostic value beyond the usual clinical and laboratory data (Boynton SJ et al, JACC Cardiovasc imaging 2016; 9 (6) 680-6) - It could also be useful hint on the role of positron emission tomography (PET) in the diagnosis of cardiac amyloidosis - I suggest adding a short paragraph on the prognosis.

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