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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59625

Title: Chest pain showing precordial ST-segment elevation in a 96-year-old woman with right coronary artery occlusion: A case report

Reviewer's code: 05078244
Position: Peer Reviewer
Academic degree: FACC, MD, PhD
Professional title: Attending Doctor
Reviewer's Country/Territory: United States
Author's Country/Territory: China

Manuscript submission date: 2020-09-20
Reviewer chosen by: Le Zhang
Reviewer accepted review: 2020-11-25 15:38
Reviewer performed review: 2020-12-01 22:55
Review time: 6 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The authors described a case with acute thrombotic total occlusion of the non-dominant RCA presented with ST elevation in V2-V3 in 12-lead ECG. The chest pain symptoms and ST segment elevation resolved after reperfusion therapy. This case is interesting and worth of publishing to share with cardiology readers. Acute occlusion of non-dominant RCA causing anterior ST elevation in ECG has been reported in literature (Vural M et al, DOI: 10.5152/akd.2010.099; Karim MA et al PMID: 7553836; Carroll R et al [DOI: 10.1177/000331970305400116...). I suggest the authors to perform a thorough literature search and quote relevant reference. The authors have emphasized that importance of using ECG to assess culprit lesion in STEMI and concerned about delay in revascularization therapy. However, the case waited for a few hours in the hospital before going for cardiac catheterization despite there were concern of anterior STEMI on ECG. This is not standard of care in the era of primary PCI for STEMI. The authors will need to explain why there was a wait instead of aiming for door to balloon time (<60 minutes) or first medical contact to first device activation time < 90 minutes as standard of care. STEMI is clinical diagnosis, reperfusion therapy does not wait for cardiac enzyme to be positive. Determination of culprit vessel by ECG is often not accurate. There are many issues could affect the ECG appearance in ACS, including STEMI. Even with the ideal setting by choosing the right diagnostic and guiding catheters in emergent catheterization and PCI, it would only affect the matter of a few minutes for changing catheters. Therefore, over-emphasizing the important of identifying potential culprit lesion by ECG before PCI is not warranted. The authors could discuss more about the rationale of primary PCI for acute occlusion of non-culprit RCA. This patient has on-going chest pain, and STE, with occlusion RCA, it was reasonable to revascularize. Plus, without revascularization, it was not known that the RCA was small and

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non-dominant. Typo: page 3, line 9 from the bottom: "whic"

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59625

Title: Chest pain showing precordial ST-segment elevation in a 96-year-old woman with right coronary artery occlusion: A case report

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Position: Peer Reviewer
Academic degree: FACC, MD, PhD
Professional title: Attending Doctor
Reviewer's Country/Territory: United States
Author's Country/Territory: China

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Reviewer accepted review: 2020-12-24 23:16
Reviewer performed review: 2020-12-25 16:35
Review time: 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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The revised version is a much improved manuscript. A few minor points: a) I will recommend to delete the last sentence in the conclusion "Early recognition and appropriate treatment measures for this scenario may affect the outcome of the disease." This case is not sufficient to make this statement. b) Figure 2D is not a representative final angiographic result. Please present your final angiogram of the revascularized RCA, at least, the proximal segment of the RCA should be opacified, ideally without the wire c) if it is available, should a video of parasternal long axis or a four chamber view echo would help reader to understand the impact of non-dominant RCA on RV function/dilation etc