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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70857

Title: Cryoballoon pulmonary vein isolation and left atrial appendage occlusion prior to atrial septal defect closure: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05351456
Position: Editorial Board
Academic degree: FACP, MBBS
Professional title: Assistant Professor
Reviewer's Country/Territory: United States
Author's Country/Territory: China

Manuscript submission date: 2021-08-17

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-09-30 17:33

Reviewer performed review: 2021-09-30 19:49

Review time: 2 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [ ] Grade B: Minor language polishing [Y] 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

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Peer review: Authors present a case where cryoballoon PVI, LAA occlusion and ASD closure were performed in a patient at the same instance. Major comments: Language: Overall language grade D (please use help of native English speaker to refine the language of the manuscript or English editing services). Final diagnosis: "atrial fibrillation, ASD, CAD, DM" how does any of that explain the shortness of breath in the patient? Did the patient have acute pulmonary edema? Pulmonary hypertension? All these diagnoses identified do not warrant a triple procedure in the same setting. Authors need to justify the reason behind performing the procedure. Treatment: This section appears like an "operative note". Instead of providing the steps of procedure, authors need to clearly justify the need for each procedure. Indications/ risks/ benefits/timing etc. Conclusion: What are the final recommendations from the authors? Do they suggest performing this "3 in 1" procedure routinely? What would be the factors for patient selection? Images: Acceptable Figure legends Acceptable

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Reviewer's code: 05347364
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-08-17

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-06 23:30

Reviewer performed review: 2021-12-07 20:02

Review time: 20 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
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SPECIFIC COMMENTS TO AUTHORS

The title reflects the main subject of the manuscript The abstract summarizes and reflects the work described in the manuscript The key words reflect the focus of the manuscript The background is well described The results are clear but the discussion lacks some issues. Illustrations and tables are of good quality In the paper "Cryoballoon pulmonary vein isolation and left atrial appendage occlusion prior to atrial septal defect closure: a case report" authors describe a very singular case where a single pathology (i.e. interatrial septal defect) and its consequences (i.e. atrial fibrillation and cloth formation in left atrial appendage – LAA-) have been treated simultaneously and percutaneously. The moot point is the indication to LAA closure and pulmonary vein isolation (PVI) in a patient with first diagnosis of atrial fibrillation and no contraindication to anticoagulation. The closure of interatrial defect is mandatory but the other two procedures as first approach are, at least, questionable. The PVI has been performed as first strategy treatment of atrial fibrillation; the patient was not symptomatic for atrial fibrillation and no antiarrhythmic or rate control drugs have been tested before the procedure. The justification to PVI is the maintenance of sinus rhythm and the consequent atrial remodeling but no drugs were tested before the procedure. Moreover, even after a procedure of pulmonary veins isolation the indication to anticoagulation is still present. The justification to the LAA closure is the refusal of the patient to the anticoagulation but he has taken the anticoagulation after the procedure for three months. Theoretically, the PVI and LAA closure have been performed as first approach before the septal defect closure because of the complexity to perform a transseptal puncture thought a device but this it is feasible (Transseptal Puncture Through an

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Amplatzer Atrial Septal Occluder for Edge-to-Edge Repair With MitraClip NTr System. Villablanca PA, Lee J, Wang DD, Frisoli T, So CY, Kang G, O'Neill WW, Eng MH.Cardiovasc Revasc Med. 2020 Nov;21(11S):63-64: one of several examples). This mean that it should have been performed the interatrial defect closure and reserve the other to invasive procedures after the failure of the medical therapy. For sure the case report is singular but should better explicated by authors the reasons to perform three complex and expensive procedures in one shot giving no chance to medical therapy. Moreover, authors should stress the fact that even if something is feasible it does not means that it must be do or it is the best for the patient. Thank you for the opportunity to revise this paper