

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72172

Title: Acute Coronary Artery Stent Thrombosis Caused by Spasm: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06060603

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-10-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-10 09:36

Reviewer performed review: 2021-10-12 02:58

Review time: 1 Day and 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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

SPECIFIC COMMENTS TO AUTHORS

The authors described a patient diagnosed with AST which might caused by coronary artery spasms and was treated with percutaneous transluminal coronary angioplasty (PTCA). I think that this paper may be precious providing useful data to the literature and adding new evidence, but I have some concerns: Major concerns: 1.In addition to platelet count, the authors should also pay attention to the patient's coagulation function and other conditions to exclude other causes of AST. Among the risk factors, the authors did not express whether the patient had a history of smoking, which is not only a risk factor for atherosclerosis, but also for certain malignancies. And there are case reports that malignant tumor is also one of the causes of the AST. 2. Was the author's first treatment of the patient correct? Coronary angiogram and IVUS showed insufficient evidence of atherosclerosis in the patient. Also, as the author said, "The stenosis at the distal RCA disappeared after 2 mL of nitroglycerin was injected (Figure 2C)". So it is possible that the patient's first myocardial infarction caused by vasospasm rather than atherosclerosis. In this case, is it necessary to install stents? Please specify. 3.Please provide images of the proximal end of the stent to determine whether there is stent thrombosis. 4. The author used diltiazem to relieve coronary artery spasms after surgery. Although diltiazem is a commonly used drug, there are still other drugs that can be used to relieve coronary artery spasms. What is the reason for the author to choose these drugs, please specify.



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Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02446694

Position: Editorial Board

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-14 04:33

Reviewer performed review: 2021-10-15 00:46

Review time: 20 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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) [] Minor revision [Y] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

During the first and second treatments, coronary spasm occurred in the distal RCA, which may indicate that the patient was prone to coronary spasm. However, we often experience coronary spasm due to mechanical effects on the distal coronary artery after balloon or stent implantation. In this case of acute stent thrombosis (AST), there was occlusion on the proximal side of the stent despite the use of sublingual nitroglycerin. Has it been confirmed by IVUS at the stage when the wire has passed? Thrombus was still the most likely possibility, but it was difficult to determine whether there was distal coronary spasm that led to in-stent thrombosis or whether the patient's condition or antiplatelet drug resistance led to AST. The authors should discuss this. Personally, I don't think we can say that coronary spasm alone caused AST.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases Manuscript NO: 72172 Title: Acute Coronary Artery Stent Thrombosis Caused by Spasm: A Case Report Provenance and peer review: Unsolicited manuscript; externally peer reviewed Peer-review model: Single blind Reviewer's code: 02446694 Position: Editorial Board Academic degree: FACC, FACP, FAHA, FESC, MD, PhD Professional title: Director Reviewer's Country/Territory: Japan Author's Country/Territory: China Manuscript submission date: 2021-10-07 Reviewer chosen by: Ji-Hong Liu Reviewer accepted review: 2021-12-30 21:45

Reviewer performed review: 2021-12-30 22:00

Review time: 1 Hour

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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

I have no further comments regarding the revised manuscript.