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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72822

Title: Hypereosinophilic syndrome presenting as acute ischemic stroke, myocardial infarction, and arterial involvement: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05401900
Position: Peer Reviewer
Academic degree: PhD
Professional title: Associate Professor
Reviewer's Country/Territory: Iran
Author's Country/Territory: China

Manuscript submission date: 2021-10-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-30 09:28

Reviewer performed review: 2021-10-30 10:22

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
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

Overall, the manuscript was an interesting read and relevant to its field. The manuscript is well organized and follows a clear flow. A suggestion: • The text of the manuscript needs to be edited in terms of writing and grammar.

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Reviewer's code: 03497479
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Associate Professor
Reviewer's Country/Territory: Croatia
Author's Country/Territory: China

Manuscript submission date: 2021-10-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 08:47

Reviewer performed review: 2021-11-22 12:28

Review time: 3 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[ ] 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

I read with interest the article entitled "Hypereosinophilic syndrome presenting as acute ischemic stroke, myocardial infarction, and arterial involvement: A case report and literature review". This is an interesting presentation of the case of a male patient with simultaneous development of stroke and heart attack within HES. Before accepting an article for publication, I advise some modifications; 93 - 94 lines; reformulate the sentence “No history of fever, nausea, vomiting, speech disorders, unconsciousness or convulsions, hypertension, hypoxia, arrhythmia, or cardiac arrest was noted” in “Untill hospitalization, the patient was not burdened with significant CV comorbidity”. 96 - 98 lines; Rephrase the sentences “The results of a physical examination were normal. In the neurological examination, the patient showed right lower extremity weakness (4- / 5 strength) and dystaxia " in “The results of a physical examination showed right lower extremity weakness (4- / 5 strength) and dystaxia". A chronological description of the dg tests performed is not common from the point of view of everyday clinical practice, given the leading symptoms of the disease. Namely, the clinical symptomatology of the patient would indicate subacute stroke. It is common to do a brain MSCT on admission to the hospital, followed by MRI, in the case of unclear dg, which is done. If brain MSCT is not done then, explain why? An ECG should also be done on admission because at least 10% of the pts with stroke are known to have a concomitant MI. Describe it in the text immediately after MSCT of the brain. Did T waves normalize later? The ECHO finding is very briefly described, stating that there were no segmental wall kinetic disturbances? Did the patient have chest pain, shortness of breath, etc.? Why was coronary CTA done and not urgent classic coronary angiography (Grace score?)?

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What was the kinetics of changes in troponin levels (for example, at admission, during hospitalization and discharge)?