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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76862

Title: Cardiac myxoma shedding leads to lower extremity arterial embolism: A case

report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03982286 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-04 13:15

Reviewer performed review: 2022-05-09 10:02

Review time: 4 Days and 20 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The authors show the case of cardiac Myxoma Shedding Leads to Lower Extremity Arterial Embolism. The case is so interesting. -What is the novelty of the current case? -I'd like to know the results of blood examination. -What is the teaching point of the current study?



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Reviewer's code: 04159375 Position: Editorial Board Academic degree: MD, PhD

Professional title: Attending Doctor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-13

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-04 22:47

Reviewer performed review: 2022-06-14 04:47

Review time: 9 Days and 6 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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

SPECIFIC COMMENTS TO AUTHORS

The authors reported a case of cardiac myxoma, in which arterial embolism was the first manifestation. They could diagnose and treated the case well. This reviewer needs to express several concerns about this manuscript as follows: Major: 1. Is there any specific characteristics, which are different from similar cases (cardiac myoma associated with acute embolism in the lower extremities) published in the past, in this case? 2. The patient had a history of arterial embolism in 2016. This was also caused by cardiac myxoma? Why the current embolism could not be prevented? How was the TTE/TEE results in 2016? Please indicate when the corresponding attack occurred. 3. English proof read is still necessary. Minors: 1. What is MM in the first page? 2. Page 6 Line 2 HE staining Please show the full spelling of HE at the first presentation also in the main manuscript. 3. special staining concluding →including? 4. 8 months after discharge for left atrial mass resection, → why the operation was so delayed? To prevent recurrence of acute embolism earlier operation was expected. 5. CTA Please explain CTA at the first presentation. 6. oral bayaspirin→Bayaspirin 7. but d-dimer results were not normal. \rightarrow Please show the value of d-dimer and normal range. 8. In Figure 2 please indicate the occlusion site with arrow. The above pathological findings were consistent with the pathological features of myxoma .→Please add the reference for this sentence. 9. Page 11 in discussion Most cardiac myxomas →CMs Most left cardiac myxomas→CMs Cardiac myxoma occurred→CM 10. in older patients . →delete space before period 11. The diagnosis of cardiac myxoma→ C M 12. transthoracic echocardiography, transesophageal echocardiography (TTE), 13. References are required for the following sentences. page 13 Transthoracic



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echocardiography is the simplest and most useful examination Systemic embolic events have been reported in 30% to 50% of patients with left atrial myxoma, half of which have cerebrovascular involvement. In addition, left atrial myxoma can be repeatedly shed, resulting in recurrent acute lower extremity arterial embolism. Page 14 Although rare, myxoma is a unique cause of acute arterial embolism that needs to be fully recognized. Systemic anticoagulation and immediate surgical thrombectomy are first choice treatments for acute lower extremity arterial embolism. Early surgical tumor resection is the main treatment method to prevent further cardiovascular complications. 14. Please indicate the location of CM in left atrium in this case.