

## Format for ANSWERING REVIEWERS



Jan 29 th, 2014

Dear Editor,

**Title:** Atypical Presentation of Acute and Chronic Coronary Artery disease in Diabetics.

**Author:** Hadi AR Hadi Khafaji & Jassim M Al Suwaidi

**Name of Journal:** *World Journal of cardiology*

**ESPS Manuscript NO:** 8280

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer No. 02446694

The authors reviewed the atypical presentation of coronary artery disease in diabetic patients. They showed the possible explanation of atypical presentations and many studies of silent myocardial ischemia in diabetic patients. They also showed many supported and unsupported studies showing the relationship atypical presentation of acute coronary syndrome and the presence of diabetes mellitus. This review contains much data and seems to be very interesting. As a reviewer, I raised several problems and requests.

- 1) Page 4, line 2. MIBG is used in myocardial scintigraphy not in positron emission tomography and is used for assessing sympathetic nerve activity and/or myocardial damage. Thus, MIBG scintigraphy is not usually used for silent myocardial ischemia. The authors should comment on it or revise this sentence.

**Reply; this issue has been addressed and heightened in the text**

- 2) There are several grammatical mistakes. Page 5, line 25. gated SPECT. And Coronary angiography- Page 8, line 23. In a nationwide survey--syndrome patients. Who were-

**Reply; this issue has been addressed and heightened in the text**

- 3) There are several words, which it is a little difficult for me to understand. Page 7, line 5. Left atrial surface. Does it mean left atrial area? Page 7, line 30. Dynamic left ventricular obstruction. Does it mean left ventricular outflow obstruction?

**Reply; this issue has been clarified and heightened in the text**

(2) Reviewer No. 00060496

Khafaji et al report an interesting review on the impact of diabetes mellitus (DM) on atypical presentation of CAD. Despite the work strengths, we recommend addressing the following comments:

1. Methods: Provide a formal PubMed search strategy and exploit it in order to ensure the reader that you did not cherry pick studies only in favor of your arguments.

**Reply; this issue has been addressed and heightened in the text**

2. Discussion: The whole topic of CAD in DM is confounded by how we define CAD, and how we diagnose it. For instance unstable CAD (atherothrombosis) is altogether different from stable CAD (atherosclerosis), with different impacts of inflammation and DM (eg Biondi-Zoccai et al, JACC 2003). In addition, CAD may be defined anatomically (eg with coronary CT) vs functionally (eg with FFR), with disparate therapeutic and prognostic implications. Please elaborate.

**Reply: Thanks for the above reviewer the study included in this review had been carried on**

diabetic patient with both acute and chronic presentation. it beyond the scope and aim of this study is not to define CAD the aim of this article is to look for atypical presentation of coronary artery disease.

3. Figures: Add one or more figures (eg histograms or diagrams) to synthesize your findings for the busy reader.

**Reply: thanks again, the information from all the studies included in this article is not enough to synthesize such histogram , However we make our suggestion in sub topic 5 regarding to screen or not diabetic patients and we clarify more.**

4. Throughout: Check the manuscript for occasional typos (eg “diabetes mellitus progress” in the Abstract).

**Reply: this issue has been clarified and heightened in the text**

(3) Reviewer No. 00227531

...The authors revised the topics of atypical symptoms, silent ischemia, silent infarction, and screening of asymptomatic individuals among patients with diabetes mellitus. Although the review might be interesting, is very hard to follow the article due to lack of review of the English language and lack of organization of the manuscript. Also the same information is continuously repeated in the different subheadings. I suggest to limit the discussion to the following subheadings: -Atypical symptoms -Silent myocardial ischemia -Silent myocardial infarction -Screening of asymptomatic patients Information that could add to the manuscript -MR to detect silent MI -Differences in the % of silent myocardial ischemia depending of the technique used for detection (24-hours ECG monitoring, ECG exercise testing, or imaging with nuclear medicine or stress echocardiography)

**Reply: thanks again the above issues had been clarified more in the conclusion.**

Minor points -page 9: what is the importance of dynamic obstruction during dobutamine stress regarding this manuscript?. Please discuss or delete this sentence

**Reply: This issue has been clarified and heightened in the text**

(4) Reviewer No. 02446684

The article deals with the interesting topic of silent myocardial ischemia among diabetics, suggesting algorithms in regard to the diagnostic procedures that must be followed in this category of patients. It is therefore useful and adds to the related literature. For this reason, and after linguistic control (for example see 1st sentence of the Abstract which seems to lack syntax), I recommend the acceptance of the journal in our esteemed journal.

**Reply: Thanks again the above issues had been clarified more in the conclusion . See above comment please.**

(5) Reviewer No 02638867

This review has very important to know, and useful for many clinicians and researchers in the future trial. So, I would like to accept this manuscript, and recommend to publish asap.

**Reply: Thanks again**

3 References and typesetting were corrected

4. English editing has been reviewed.

5 Please note that one reference has no DOI or PMID we can provide this soft copy of it if needed

Thank you again for publishing our manuscript in the *World Journal of cardiology*.

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